

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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14 October 1995

Pharmacy Commons group by Christmas

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microscope at Keele

MCA backs down over
P to GSL procedure

Babycare
losing its
bounce in
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MERCK



The Royal Pharmaceutical Society is making a determined effort to allow its members to shape their own future, rather than have it shaped for them. 'Pharmacy in a New Age' has a modern feel and approach that has been lacking in many official utterances in the past. Last week's discussion document is concise and well presented: it deserves to be read. More importantly, pharmacists need to respond to it. The initial feedback is largely favourable (see p530).

The question some are asking, though, is why it has taken so long to realise that the profession cannot hope to survive without its own blueprint? In 1988, Professor Charles Hepler, the US pharmacy guru who has had considerable influence with formulators of pharmaceutical policy in the UK, was saying: "Pharmacy will be buffeted by forces beyond its control: without a plan there is little hope that the outcome will suit either pharmacy's needs or the needs of society." It is ironic that this quote kicks off the consultation document! The overall thrust of the health service reforms, with the emphasis on the purchaser-provider split, has been clear for years. Most of the other 12 key issues which Council believes will have a significant impact on the future of the profession have also been with us for some time, albeit in an evolutionary environment.

However, this is not the time to carp over lack of vision in the past. It is time to support RPSGB president Ann Lewis and the Society executives who are determined to make this consultation exercise work. A worry must be that the process loses momentum. The Society is noted for its snail-like bureaucracy. Many will share Ann Lewis' hope that the strategy for pharmacy in a new age will be unveiled before the end of next year. There has already been enough delay.

CHEMIST & DRUGGIST

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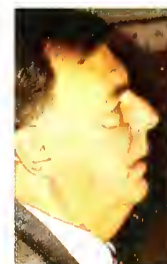
CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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Pharmacists' advice valued by GPs

GPs seem to appreciate that pharmacists can decrease their workload by preventing unnecessary surgery visits, by advising on healthy lifestyles and by providing repeat prescription services.

A survey carried out for Tesco by Taylor Nelson found that 86 per cent of the 206 GPs questioned were in favour of patients consulting a pharmacist for the treatment of common ailments.

The GPs were most frequently consulted for coughs, colds and flu, which 85 per cent agreed could have been dealt with by a pharmacist. Gastro-intestinal upsets, muscle strains and allergies/hayfever were other conditions that the GPs thought a pharmacist could treat.

Over half the GPs said they suffered from tiredness, stress or a very heavy workload at least once a day, and 55 per cent were in favour of their patients asking a pharmacist whether they needed to see a GP or not.

Only 17 per cent of GPs would like pharmacists to carry out health checks, but 57 per cent were in favour of repeat prescription services and 31 per cent favoured domiciliary visits.

A survey of over 1,000 consumers found that the vast majority were satisfied with the advice or treatment they received from the pharmacist on minor ailments. Only 1 per cent of the 82 per cent who had sought a pharmacist's advice were "not very satisfied"; 67 per cent claimed to be "very satisfied".

The Royal Pharmaceutical Society welcomed the survey as "underlining the ways pharmacists and GPs can work together as a complementary team". The Pharmaceutical Services Negotiating Committee commented: "Clearly pharmacists have an effective role in keeping people healthy as well as helping treat common ailments over the counter – both of which help ease the load of the GPs."

The surveys were carried out to support Tesco pharmacies' National Well Week (October 16-22), which aims to increase awareness of the benefits of preventive healthcare. Tesco's superintendent pharmacist, Mike Rudin, describes the week as an extension of Pharmacy Week with the accent on the pharmacist's role in advising on healthy lifestyles.

● The company is criticised in the latest issue of *Which? Way to Health* for launching its own-brand range of cigarettes under the name Benington. Most of the company's healthy eating leaflets encourage consumers to give up smoking, claims the magazine.

Parliamentary community pharmacy group on its way

Community pharmacy interests will be the focus of a new cross-party parliamentary group of MPs, which is expected to be set up during the next parliamentary session.

The group, to be created following lobbying by the Pharmaceutical Services Negotiating Committee and the National Co-operative Chemists Group, will offer the profession a forum within the House of Commons for current issues of concern.

"It will basically be a way of getting across the positive benefits of pharmacy. If there's a need to alert MPs to our concerns, then we would have people there who are able to talk with background knowledge," says a PSNC spokesperson.

The Co-operative Group says there is "definite interest within the House" for the pharmacy group, with a number of MPs expressing their interest.

The group will be led by Alan Keen, Co-operative member and

Labour MP for Feltham and Heston, London, and Crosby's Tory MP Sir Malcolm Thornton, said Mr Keen, speaking at last week-end's annual conference of the National Association of Co-operative Executive Pharmacists.

Mr Keen confirmed the intention was "to get the group going

at the next parliamentary session". The hope is that it will be up and running by Christmas.

From pre-parliamentary recess discussion, it appears that the group will meet for a scheduled three to four sessions per year, with additional ad hoc meetings when the need arises.



Alan Keen hopes the group will be "up and running" by Christmas

Scottish pharmacists to be denied fees for pre-payment certificates?

Doubts are surfacing that Scottish pharmacists will be able to receive remuneration for any participation in the prescription pre-payment certificate scheme.

Andrew McLoughlin, chief administrative pharmaceutical officer, Ayrshire & Arran Health Board, told *C&D* that, as far as the board was concerned, approval for the scheme was on hold while the legal department

of the Scottish Office considered the legality of the payments.

A spokesman for the Scottish Office confirmed that clarification had been sought from its legal officers. He hinted, however, that there was some doubt that approval would be granted.

Mr McLoughlin said the question being asked of the experts was not specifically on pre-payment certificates. It was the gen-

eral one of whether boards were legally able to make payments to community pharmacists for other activities, such as assisting patients with the self-administration of methadone. Boards could be open to legal challenge if making payments for services which could be seen to fall "outwith NHS pharmaceutical services". Mr McLoughlin anticipated a decision by the end of the month.

LPC secretaries warned of boundary change pitfalls

Pitfalls for local pharmaceutical committee secretaries to watch for when the boundaries of health authorities change were outlined by Stephen Axon at an Association of Local Pharmaceutical Committee Secretaries meeting last week.

The secretary of the Pharmaceutical Services Negotiating Committee was joined by Godfrey Horridge, its financial director, who gave financial guidance.

Describing the meeting, which was attended by 34 people, as "excellent", Jeremy Clitherow, Liverpool LPC secretary, com-

mented that, in practice, ALPS was serving a different client base from the PSNC. ALPS was targeting LPC secretaries.

In a brain-storming session, the organisation drew up an agenda from the secretaries present on what they needed and wanted to know.

● ALPS is holding its first seminar on 'Computers for LPC secretaries – what they can do for you or what you can do with them' on Monday, October 30, at 11.30am at the offices of Enfield and Haringey Family Health Services Authority, Barnet, Hertfordshire.

Watch out for less pay

The Pharmaceutical Services Negotiating Committee is warning contractors dispensing under 1,100 items a month to expect less pay on December 1.

The latest issue of *PSNC News* calculates that, because of the move to a flat rate dispensing fee and the increase in professional allowance threshold, contractors who are not in the essential small pharmacy scheme and who dispense fewer than 1,000 items will receive an average 7 per cent reduction in total payment. Those dispensing between 1,000 and 1,100 should expect an average 15 per cent reduction.

Payments on January 1, 1996, will increase but only by approximately half the percentage fall in December.

Society to look at remuneration structure with PSNC in-pit

The Royal Pharmaceutical Society is soliciting the help of the Pharmaceutical Services Negotiating Committee in examining structures of pharmacists' pay.

Speaking at the conference of the National Association of Co-operative Executive Pharmacists last weekend, the Society's vice

president, Ian Caldwell, admitted: "For a long time, the Society shied away from remuneration issues. But now we are trying to take other bodies with us in looking at funding models in other countries."

This was confirmed by PSNC secretary Steve Axon, who said

the organisation had been invited, along with other bodies, to talk to the Society. One of the topics will be structures of pay.

The patient registration issue will be one of the items on the agenda of a proposed two-day PSNC committee meeting at the start of January.

Keele study aims to ensure safe sale of medicines

A study examining the sale of over the counter medicines by pharmacists at Keele University has recently received Department of Health funding. Professor Rhona Panton announced at a recent NHS R&D conference in London.

"In the UK, many medicines are being deregulated and the poor community pharmacist really can't win," she told the conference.

"On the one hand, they sell the product and the Consumers' Association quite properly comes in and says 'You didn't ask a variety of questions'. On the other hand,

the customer goes in after seeing on TV that they can now buy 'whatever' in the pharmacy, and are presented with a battery of questions."

By developing guidelines for such sales between pharmacists and GPs, Professor Panton hoped that people would buy the medicines that were safe for them to do so and, equally importantly, would be referred for medical help whenever this was necessary. The aim was to capture the interest of prescribers, pharmacists and the public.

She thought that the work was more likely to ensure the safe use

of medicines than the development by the Royal Pharmaceutical Society of the training programme and protocol for pharmacist interventions.

Reducing the pressure on the drugs bill by encouraging the public to buy their own medicines was fine if it was certain that "patients are safeguarded by the process and that prescribers and pharmacists together agree on the optimum use of these medicines".

"Only then will prescribers have the confidence to recommend what the pharmacist does," she asserted.

Bottoms up for Somerset pharmacy?

Patients at the Irnham Lodge Health Centre may soon be picking up prescriptions, pills and Holsten pills ... if its application for a drinks licence is approved.

The Somerset health centre incorporates a GP surgery, coffee shop, complementary health

centre and a pharmacy, and is the first health centre to ever seek a drinks licence.

The pharmacy belongs to the Lloyds' chain and is managed by pharmacist Jonathan Wood. It has been part of the health centre for just six months.

The man who applied for the licence, Dr Paul Slade, says that the idea stemmed from local businesses inquiring about the hiring of the coffee shop for Christmas parties.

A decision is expected later this month.

Contract system 'flaw' exposed

Pharmacists wishing to open a pharmacy in Bristol are having to re-apply for an NHS contract in spite of one being granted after a two-year fight.

A pharmacist was granted permission to dispense in the new St Annes shopping centre, but the contract lapsed because the pharmacy failed to open. Local residents had supported the pharmacy, but other pharmacists opposed it, saying the area was well served. As a result, the case went to appeal and final permission took two years to obtain.

Now Pharmacy Plus has applied for a contract, but proprietor Tariq Muhammad fears that the whole process will be repeated and there will be another long delay before the "much needed" pharmacy can open. He believes the system is flawed: "It's crazy that we have to start again from scratch."

Ulster pharmacists press for greater say

The Ulster Chemists Association is writing to health boards in the province asking for better pharmacy representation.

The UCA would like to see greater input from pharmacists on committees dealing with topics which have a pharmaceutical context.

Sarah Mawhinney, the Association's president, is also reminding the province's pharmacists of the increasing number of terminally ill patients being cared for in the community and, therefore, the importance of seeing that their nutritional requirements are catered for.

Mr Roy Lane - a clarification

Our report on August 26 (p264) of misconduct proceedings against Solihull pharmacist Roy Lane should have made it clear that the charge against Mr Lane is that he allowed inadequately labelled stock that could have been dispensed to remain in a pharmacy to which locum pharmacists had access.

No findings have yet been made by the Statutory Committee and the hearing (adjourned until later this year) is being fully contested by Mr Lane. Mr Lane specifically denies the suggestion that the medication in question had been donated to the sick and needy in Poland.



All-round endorsement of Pharmacy in a New Age

The Pharmacy in a New Age initiative launched by the Royal Pharmaceutical Society has been welcomed by pharmacists across the UK.

Things were changing whether pharmacists liked it or not and it was a matter of whether the profession could shape that future, was the consensus.

Yet some community pharmacists warned that there was a danger that the views of patients and their best interests might be overlooked during the profession's deliberations. A number of pharmacists *C&D* spoke to were also diffident about marrying up any plan for the future with today's economic realities.

Joel Hirst, of Bristol's Pharmacy Plus, said: "It's been a long time in coming." He welcomed the message coming from the Society that the grassroots had a great deal to contribute.

Newbridge pharmacist Alan Sharpe also commented that the move was "none too soon". He had the impression that people "had been sitting on their backsides for the past 30 years". The profession had certainly not been taking up the challenges.

Croydon pharmacist Andrew

McCoig was more positive, but again critical of pharmacists' ability to capitalise on their immediate strength of providing ready access for the public.

Northern Ireland's Dr Terry Maguire responded with a "Hoorah!" He said there had been too many committees and groups looking at pharmacy's future, but this was an ideal opportunity to get the membership involved. Pharmacists could plot their own way forward, but they should not lose sight of patients or the NHS context within which the profession practised.

Sheffield community pharmacist Martin Bennett suggested that the review should be driven from the patient's point of view. "The danger is that we invent something that serves pharmacy's needs and doesn't really address the needs of the public."

Glasgow pharmacist Elizabeth Roddick described the initiative as "very important". Looking forward to the debate, she urged everyone to take part. And Humber-side LPC's secretary, David Newton, said: "We do need to proclaim what we do. We have been hiding our light under a bushel for too long."

A number were in favour of employing two pharmacists per pharmacy to enable the profession to develop a fuller role. Joel Hirst thought the Society must devise a maximum daily workload beyond which pharmacists should not go. It grieved him that a proper workload survey had not been done. He was critical of the hours some employee pharmacists were expected to work.

Dr Maguire did not subscribe to the idea of two pharmacists. It was not practical and "the mechanics of dispensing were no longer a role for the pharmacist". Two trained dispensers could do the task, freeing up the time of the pharmacist.

Most of those asked were not strongly in favour of pharmacies being based in health centres or within GP surgeries. The advantages of increased collaboration were outweighed by constraints on the pharmacists' role in such locations. Dr Maguire said they were seen by some as "prescription factories".

He believed the fundamental issue was the place of the pharmacist in the primary care environment. Doctors had decided everything in the past. They had

to delegate some of that to pharmacy. "Unless that happens pharmacy won't reach maturity."

The idea of part-time pharmacies in rural areas was proposed and Andrew McCoig thought that in developing the pharmacist's extended role, opening times or times when the pharmacist was available on demand might have to be restricted.

He thought there was no problem in identifying the aspirations of community pharmacists – making it make economic sense would be the challenge.

The 12 key issues identified by the Society's Council to have a significant impact on the future of pharmacy:

- public esteem
- future financing of healthcare
- contractual arrangements
- relationships with GPs and hospital doctors
- relationships with nurses and other health and social care professionals in both the primary and secondary care sectors
- relations across the boundaries of primary, secondary and tertiary care
- how pharmacists can co-operate professionally in a competitive environment
- access to patient information and/or records
- differing balance of activities from pharmacy to pharmacy, including dispensing and other professional services
- POM to P to GSL
- resale price maintenance
- impact of technology.

Wales reports on pharmacy health promotion work

The type of pharmacy health promotion service that could be purchased by Welsh health commissions is set out in a Health Promotion Wales (HPW) report to be launched next week. The agency has been looking at ways community pharmacists can contribute to health promotion.

Workshops at the launch conference on October 17 aim to develop an action plan for activity in the coming contractual year and to identify a health gain agenda for community pharmacists, reflecting local strategies. The use of health promotion leaflets will also be considered.

'Engaging community pharmacists in health promotion activities: making the new partnerships work', edited by members of HPW's pharmacy advisory group, sets out work undertaken in Wales over the past two years and is intended as a reference point for non-pharmacists wishing to explore opportunities for service provision.

The report comments: "In the future, community pharmacists

will need to develop a broader perspective of health promotion than at present and find ways of demonstrating their own contribution to the overall aim of improving health."

The pharmacy advisory group recommends HPW seeks added help from one or two commissions in 1995/96 to undertake pilot pharmacy work, which should be evaluated.



The pharmacy advisory group which has backed HPW's initiative (l to r): Nicola Davey, David Temple and Linda Jones of the Welsh Centre for Postgraduate Pharmacy Education; Malcolm Golding, deputy chief executive, Health Promotion Wales; Alan Willson, director of pharmaceutical public health, West Glamorgan Health Authority; and Peter Jenkins, chairman Mid-Glamorgan LPC

C&D's 1996 Directory is now available

The 1996 *Chemist & Druggist* Directory is now available, containing for the first time a geographical listing of over 150 wholesalers to help users to identify a wholesaler near to them. It is a complete reference work for everything supplied through the pharmacy wholesale and retail trade.

There is a wealth of information listed on manufacturers, wholesalers, retailers, hospitals, health authorities, brand names, associations and industry legislation, plus the Tablet & Capsule Identification Guide.

Comprehensive details on over 4,000 companies are given and there are over 2,000 detailed classification headings.

Copies are available for \$97 or at an annual subscription of \$82.45, saving 15 per cent on each edition. Further details from Miller Freeman Information Services, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE. Tel: 01732 377585. Fax: 01732 367301.

PHARMACIST PEN PORTRAIT

Arthur Halligey



● **Qualified** in 1971 after completing pre-reg year at Boots in Eccles, Manchester, and graduating from Sunderland Polytechnic.

● **Career** Worked for Boots as a relief pharmacist in the Manchester area for two years, then moved back to Northern Ireland to a pharmacy manager's position in Boots, Belfast. In 1975, he was appointed manager of the Bangor branch in County Down. Seven years on, he was promoted to N Ireland territory operations manager, performing a number of tasks, including training and merchandising. He took voluntary redundancy in 1986 and worked as an independent locum in the Belfast area.

In 1989, Arthur set up his own business, A F Halligey, in the sea-side town of Millisle, County Down, in a pharmacy that had been derelict for 24 years.

● **Projects** Because of his background in training, Arthur has been involved in a number of continuing education projects with the Northern Ireland Centre for Postgraduate Pharmaceutical Education & Training. He has given presentations on epilepsy, innovations in pharmacy and childhood health.

● **Committees** Arthur belongs to Millisle's gala committee; the local residents' committee; and the Scouts' committee.

● **Interests** Time permitting, he enjoys amateur dramatics, hill walking and sailing.

● **Outlook on life** He believes the trick in surviving life is to be happy with what you have. "It's about having the strength to change things you can change, the serenity to accept that which you can't change, and the wisdom to be able to tell the difference between the two."

● **Pharmacy philosophy** Arthur feels pharmacy is at a crossroads, with many changes ahead of it. "I would like to see community pharmacy becoming an integrated part of the medical team," he says. He believes a lot of general practitioners feel the same way, but neither they nor the pharmacy profession seem to know how to approach this.



Heavy tactics could work both ways

I have just received an amazing letter from the Inland Revenue, demanding payment for PAYE and National Insurance only ten days overdue. Now this was not a first step, gentle reminder kind of letter, but a full-blooded threat to send in the bailiffs unless ...!

Just the type of jackboot diplomacy I have come to expect from a Government supposedly encouraging the growth of small businesses. And the response from the Inland Revenue when I complained? Very little sympathy, just a grudging concession of another seven days in which to pay!

Well, what is sauce for the goose is sauce for the gander, so perhaps similar, but more refined, tactics should be employed by the Pharmaceutical Services Negotiating Committee in its current battle with the Department of Health over the 20 per cent of my money which the DoH still refuses to reimburse in my monthly NHS advance payment. Money that I, in order to obtain the settlement discount the Department assumes I have taken, have to pay to my wholesaler.

This is my money being retained for no reason and without any interest being paid. Regrettably, I cannot see a final demand for payment served on the DoH

Topical Reflections

succeeding, but if Gerald Malone, the minister for health, refuses to give a satisfactory reply to David Sharpe's letter (published in *PSNC News*), then perhaps all contractors should be instructed to retain their 20 per cent out of PAYE and NI contributions.

When the bailiff-threatening demand is received, they should send it, and the reason for the retention of their money, to their local member of parliament. The simultaneous receipt of 10,000 similar letters by every MP in the country could make for an entertaining parliamentary session!

A touch patronising

I have always been a staunch supporter of the National Pharmaceutical Association and its advertising campaigns to raise public awareness of community pharmacy, but I wonder whether its latest PR coup, 'Our pledge to you' (*C&D* October 7, p492), is possibly a bridge too far.

Certainly Dotty was against me displaying the pledge, considering it sufficient that all its points, and more, are covered in our practice leaflet which, as she pointed out, has been well received by our customers. "We already do all of that," she said. "What next – neon lights and the trumpet voluntary?"

Quality in practice is essential and should be seen to be done, but in a commercial environment it is the customers who, by voting with their feet, are the best judge of success.

Professional image has to be nurtured and, so far, the NPA's 'Ask your pharmacist' campaigns have helped me,

but I run a very personal business and have built my reputation in spite of competition from far larger rivals.

My customers patronise me because of the quality of service they receive. It could be counterproductive if, in return, I am now seen to patronise them!

The exception that proves the rule

I am delighted to see that vitamin capsules BPC are at last back on the market, courtesy of Pharmadass (*C&D* October 7, p502) and that they may be used for dispensing. In fact, I have already obtained a supply, so I can explain that this cryptic remark is because these vitamin capsules are manufactured to the old 1973 formulation and do not have a product licence.

This is an omission I would normally criticise, but in this case it is irrelevant since the combined might of the British pharmaceutical industry seems patently unable to provide a licensed version of the product!

However, I shall be amazed if, by miraculous good fortune, properly licensed vitamin capsules do not now make a sudden and dramatic appearance, but while it is legal I will continue to supply those from Pharmadass. This company, at least, has had the courage to circumvent the ridiculous bureaucracy that has caused the loss of such a commonly-used preparation and therefore deserve my support. If that means continuing to dispense the genuine but unlicensed product, then, in this case, so be it!

SCRIPTspecials

Coal Tar Tariff changes

The following have been classed Category D for October prescriptions: Coal Tar Ointment BPC 1934, Coal Tar Paste BP, Coal Tar and Salicylic Acid Ointment BP, Calamine and Coal Tar Ointment BP (Compound Calamine Ointment), Zinc and Coal Tar Paste (White's Tar Paste). These items will be deleted from Part VIII of the Drug Tariff from November 1.

Accupro 40mg packs

Accupro 40mg will be supplied in bottles of 56 tablets (£19.50), instead of the normal 28-tablet calendar packs, following the recent recall by the MCA. New calendar packs will be available early in the new year.

Parke-Davis. Tel: 01703 620500.

Roche Cymevene IV

It is no longer necessary to use a 5 micron filter when infusing Roche's Cymevene IV. This applies to all new batches starting from 06529A. Roche will also be discontinuing Prostin ampoules (0.5mg in 1ml) with immediate effect and Fluoro-uracil ampoules subject to exhaustion of existing stock. The data sheet for Lariam now has a revised side-effects and adverse reactions section.

Roche Products Ltd. Tel: 01707 366000.

Fabrol discontinued

Zyma Healthcare has discontinued Fabrol (acetylcysteine). Supplies will be available until stocks are depleted, which is estimated to be at the end of December.

Zyma Healthcare. Tel: 01306 742800.

Multivit capsules BPC

Healthaid Multivitamin capsules BPC are available at a basic NHS price of £9.10 per 1,000 – not per 100 as stated last week.

Pharmadass Ltd. Tel: 0181 991 0035.

Unichem flu discounts

Unichem is offering its members discounts on Fluarix 0.5ml, Fluzone syringes and Fluivirin. The offer ends in February.

Unichem. Tel: 0181 391 2323.

Skinoren black triangle

Schering's Skinoren will no longer be required to carry a black triangle symbol.

Schering Health Care Ltd. Tel: 01444 232323.

Aredia: further indications

Ciba Pharmaceuticals' Aredia (pamidronate disodium) is now indicated for use in Paget's disease of the bone, and for osteolytic lesions and bone pain in patients with multiple myeloma.

Aredia, a biphosphonate and potent inhibitor of osteoclastic bone resorption, is already licensed for treatment of tumour-induced hypercalcaemia.

Paget's disease – a chronic disorder characterised by enlarged and deformed bone – responds well to Aredia, resulting in lytic lesion healing and a reduction in bone pain. In one clinical trial,

Aredia was shown to eliminate bone pain completely in 50 per cent of patients. A six-week course has also been shown to offer remission from Paget's for up to two years.

The recommended treatment course for Paget's disease is a total dose of 180mg administered in units of either 30mg once a week for six consecutive weeks, or 60mg every other week over six weeks. The drug is recommended at a dose of 90mg every four weeks for multiple myeloma – a bone marrow disease leading to skeletal destruction.

Because any side-effects tend to occur after the first dose, Ciba recommends that if unit doses of 60mg are used, then treatment should be started with an initial dose of 30mg, ie total dose of 210mg. Each dose of 30 or 60mg should be diluted in 125 or 250ml normal saline respectively.

To minimise the potential risk of calcium or vitamin D deficiency in patients with Paget's disease, oral supplements of both should be taken during Aredia treatment.

Ciba Pharmaceuticals. Tel: 01403 272827.

EMEA considering interferon-B licence for multiple sclerosis use

A licence for a new interferon-B aimed at treating multiple sclerosis is currently being considered by the European Medicines Evaluation Agency, with a decision expected at the end of the month.

A spokeswoman for the Multiple Sclerosis Society says she is

fairly optimistic about the outcome of the EMEA's decision, particularly as the drug received approval from the Foods and Drugs Administration in the US in 1993.

Interferon-B is known to delay the return of multiple sclerosis

when it is in remission in some patients.

However, because of the high cost of treatment, guidelines for prescribing and availability within local health authorities will have to be considered by the Department of Health.

MEDICAL MATTERS

Aspirin therapy as effective as sumatriptan in migraine

A combination of aspirin and metoclopramide is as effective as oral sumatriptan in the treatment of migraine and is a cheaper alternative, according to a study in *The Lancet*.

A pan-European double-blind randomised study compared the efficacy of lysine acetylsalicylate (equivalent to 900mg aspirin) and 10mg metoclopramide with 100mg oral sumatriptan and placebo in 421 patients with migraine and moderate to severe headache.

Metoclopramide was chosen as aspirin absorption is delayed during migraine attacks. This absorption is restored to normal when combined with metoclopramide, which also combats nausea and vomiting.

The results revealed that the combined aspirin therapy was as effective as sumatriptan with a decrease of headache from severe or moderate to mild or none in 57 per cent and 53 per cent of patients, respectively, for the first migraine attack treated.

Both treatments were better than placebo and there was no significant difference between the active medications in the second attack.

Nausea was also significantly better controlled with combined aspirin than sumatriptan.

One or more adverse events were reported by 28 per cent of sumatriptan-treated patients, compared with 18 per cent of those treated with combined aspirin and 13 per cent of placebo-treated patients.

Sumatriptan appeared significantly less well tolerated than both placebo and combined aspirin.

The authors conclude that while sumatriptan "reinforces the armamentarium against migraine attacks ... because of its high price physicians should consider whether the routine use of sumatriptan as initial treatment of a migraine attack really is preferable to the use of cheaper drugs, such as analgesic/anti-emetic combinations".

Measles dispute

The Government is lauding last autumn's measles/rubella vaccination of schoolchildren in the face of criticism from parents of adversely-affected children.

The campaign was initiated to prevent a measles epidemic, scheduled for this year, which it was said would affect up to 200,000 children.

However, one parents' support group, Jabs, says it has received reports of 85 children suffering adverse reactions following vaccination, with up to 40 reporting long-term illnesses, such as epilepsy and rheumatoid arthritis. Since the national media took up the story, says Jabs' secretary, Jackie Fletcher, the organisation has been flooded with calls.

"Until every reaction is reported to the Committee on Safety of Medicines, followed up and investigated, then no one is learning by this and the vaccines are seen as safe," says Ms Fletcher.

A spokesman for the Department of Health dismisses Jabs' claims. "We have no apologies for the campaign, it was a great success. We are absolutely astonished at where they have found these cases." The campaign reduced measles incidence from an average of 300 to 50 last year.



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The new look range that's
second to none -
from the Multi Vitamins'
No.1

Give your shelves the supplement they deserve

Pfizer's Migraleve relaunched



Migraleve, the OTC treatment for migraine, is being relaunched by Pfizer Consumer Healthcare with new sub-branding, pack design, point of sale leaflet and TV advertising.

Migraleve is being rebranded to remove any confusion about the dosage regimen of the product and which tablets are most appropriate.

The pink tablets will now be known as Migraleve 1 and should

be taken at the onset of an attack to prevent it developing. The yellow tablets will be known as Migraleve 2 and should be taken subsequently to relieve any persisting headache.

Pfizer is spending \$750,000 on nationwide TV advertising which breaks in November.

A new consumer leaflet, 'Master your migraine', is available to pharmacies.

Pfizer Consumer Healthcare. Tel: 01420 84801.

Glitter gargles

Research carried out for National Gargling Week has discovered some celebrity garglers, including Gary Glitter.

The third National Gargling Week, sponsored by TCP, begins on January 29, 1996. The aim is to encourage gargling, ideally with TCP, for a sore throat. The theme, as previously, is 'Sing away a sore throat'.

Activities during the week include reader offers, competitions and promotions in the consumer press; a nationwide radio tour; and an advertising campaign.

During the 1995-96 winter season, Pfizer will be supporting TCP with a \$1.5 million national advertising campaign.

Pfizer Consumer Healthcare. Tel: 01420 84801.

Added Extra from Del Monte

Del Monte is claiming the launch of the first pure fruit juice with added vitamins, called Extra.

Made from orange and apple juice, it targets mothers who are concerned about their children's diet. It is available in a one-litre carton and costs £0.95.

Del Monte Foods International Ltd. Tel: 01784 447400.

Getting to grips with Tubigrip

Seton Healthcare is currently promoting its Tubigrip elasticated bandage to pharmacy assistants via an education mailer.

The mailer includes a free swatch of Tubigrip and an opportunity to win a weekend at Ragdale Hall health resort by entering a simple question and answer quiz competition.

Seton Healthcare Group plc. Tel: 0161 652 2222.

Pharmacy-only GSL for IBS

Monmouth Pharmaceuticals is introducing an OTC pack of Mintec.

Mintec relaxes spasm in the muscle in the bowel wall and helps restore normal bowel contractions.

The enteric-coated peppermint oil capsules will come in a pack of 25, retailing at \$5.65.

The launch will be supported by new point of sale materials – including a consumer leaflet on IBS – a range of window display items and pharmacy assistant training packs.

● **Chemist & Druggist** readers can receive a copy of Monmouth's leaflet, 'A guide to help you understand irritable bowel syndrome', together with a free



Mintec pad and pen, by writing to:

Monmouth Pharmaceuticals Ltd, 3-4 Huxley Road, The Surrey Research Park, Guildford, Surrey GU2 5RE. Tel: 01483 65299.

Make a date for Milk Action

Baby Milk Action is aiming to beat baby milk companies at their own game by introducing a new calendar which features photographs of women from around the world breastfeeding.

All money raised from the sale of the new calendar (\$5) will be used to support the work of Baby Milk Action.

Baby Milk Action. Tel: 01223 464420.

Buttering up Buttercup

A new-look Buttercup cough medicine is to be supported by a \$1 million national TV advertising campaign.

New packaging updates the Traditional, Blackcurrant and Lemon & Honey variants, with new cartons emphasising the warm and soothing properties of the brand.

The new campaign will break in January, 1996.

Pfizer Consumer Healthcare. Tel: 01420 84801.

Taking care of aromatherapy

Thornton & Ross is launching a new line of aromatherapy products under the Care label.

To be introduced over the next six months, the range will include: peppermint oil, lavender oil, rosemary oil and tangerine oil.

The 10ml bottles will have a trade price of around \$1-\$1.50.

Thornton & Ross Ltd. Tel: 01484 842217.



Alcohol aware

A woman in Hampshire was wrongly breathalysed following the use of a supermarket brand breath freshener because the policeman could detect the smell of alcohol.

Trading standards officers have since commented that perhaps such products should carry an on-pack warning.

Euro give-aways

Europharm is giving away a range of gifts, including fax machines, with total orders of \$1,998, \$2,998 and \$3,998 across the whole range of generic and parallel import drugs.

The offer is being run jointly with Eurochem and Cavendish until December 16.

Eurochem. Tel: 0800 125225.

Halls soothes for survival

Halls Soothers is driving sales this autumn by teaming up with Kleenex Ultra, inserting its Blackcurrant variety into 3 million Kleenex Winter Survival Kits.

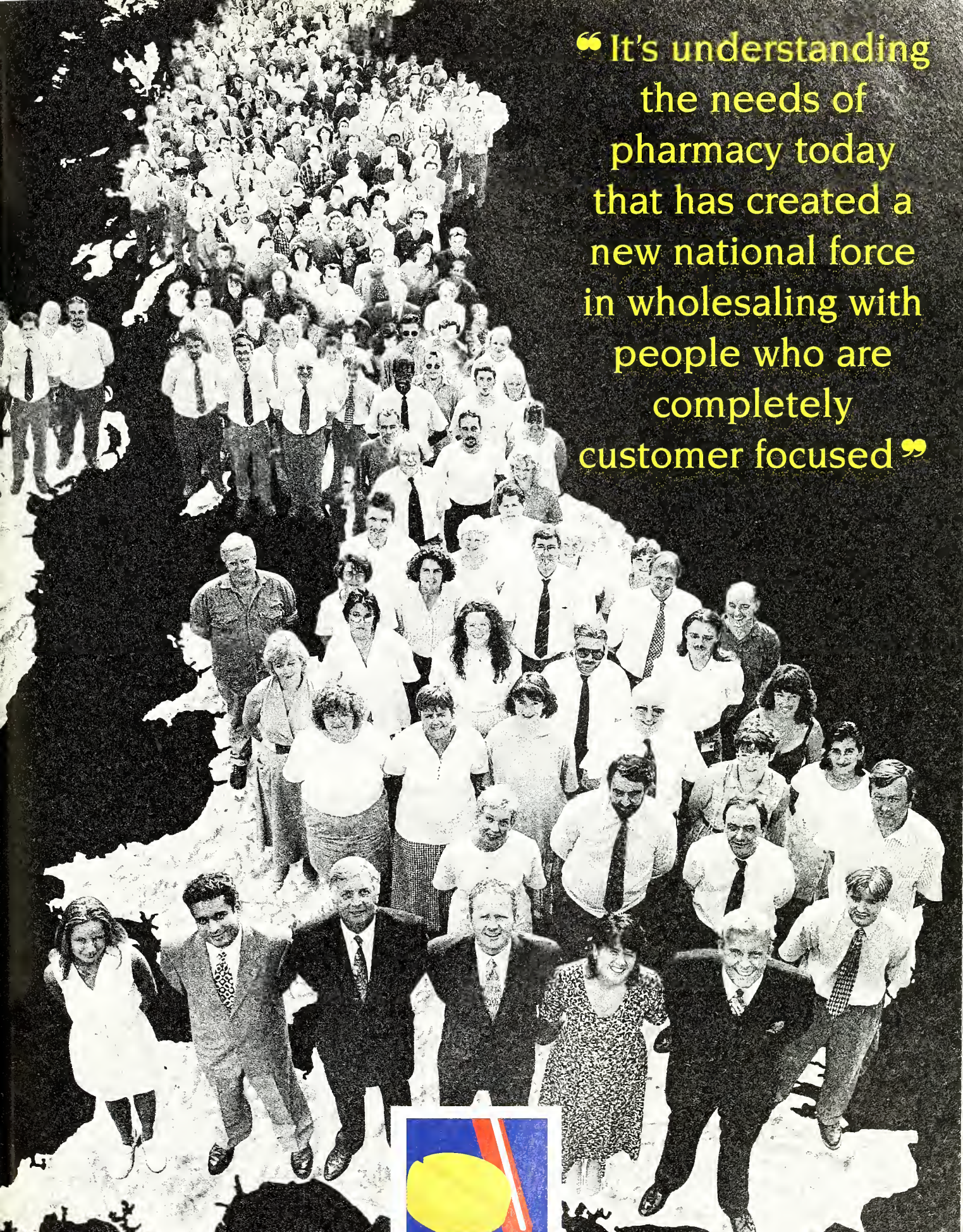
The kits are available to consumers in exchange for Kleenex

Ultra Pack proofs of purchase.

This kit follows the success of the Hayfever Kit promotion earlier this year, which featured Halls Mentho-Lyptus.

Warner-Lambert Confectionery. Tel: 01703 620500.

“It's understanding
the needs of
pharmacy today
that has created a
new national force
in wholesaling with
people who are
completely
customer focused”



Daniels
TRIDENT

Daniels
ENTERPRISE



Daniels
SURGICAL

Daniels
PHARMACEUTICAL

The new national force in wholesaling

Cyclax takes the natural route



Cyclax is extending its skin care offering with a new natural range of face and body creams called Nature Pure.

It comprises five 300ml products packaged in colour-coded containers: Aloe Vera Revitalising Cream,

Vitamin E Face & Body Cream, Oil of Evening Primrose Night Cream, Cocoa Butter Rich Body Cream and Apricot Facial Scrub.

All retail at \$3.99. **International Classic Brands. Tel: 0181 579 6060.**

Snap happy

In time for Christmas is Unichem's first own-brand single-use camera.

Retailing at \$7.99, it undercuts both Boots' and Konica's versions. **Unichem plc. Tel: 0181 391 2323.**



New US range

Kiss My Face is a new range of toiletries heralding from the US.

The usp of the range is its ethical stance: all Kiss My Face products have no fragrance, no artificial colours, no preservatives, no animal testing and no animal ingredients.

It is a wide product range which includes: lipbalms (£5.99), face and body moisturisers (ranging from £3.99-£8.99). **The Communications Store. Tel: 0181 287 4375.**

Nickel-free makes its mark

With around 25 per cent of women suffering from nickel allergy, the Sheffield Assay Office has now designed a mark to guarantee the adherence to the Trading Standards guideline of nickel in costume jewellery.

The mark is to act as a guarantee of quality and authenticity of any nickel-free costume jewellery stamped with it.

To date three brands have been awarded the mark: Aimici, Boots Solutions and Country Casuals jewellery range.

Further information on nickel allergy and nickel-free jewellery can be obtained from: **Nickel-Free Hotline. Tel: 01273 748910.**



Boss floss

Oral-B is introducing a new dental floss variant, Mint Ultra Floss.

The waxed product consists of interlocking fibres which stretch thin under tension to fit the tight spaces and then bounce back to remove plaque. The floss is also spongy and frayless, the company says.

It will retail at \$1.79. **Oral-B Laboratories Ltd. Tel: 01296 432601.**

Class Acte from Escada

The new fragrance from fashion house Escada is called Acte 2.

It is a floral fragrance with top notes of freesia, wild rose and mandarin; combined with heart notes of peony, cinnamon and star aniseed. Warm base notes include vanilla orchid and sandalwood.

The carton is yellow with gold graphics.

The range comprises: perfume 15ml (\$58), eau de parfum spray (30ml, \$24; 50ml, \$36; and 100ml, \$48) and eau de parfum pour (50ml, \$34).

Kenneth Green Associates. Tel: 01372 469222.

Space-age Duracell

Duracell has adopted a space-age theme for the introduction of its "unique titanium technology" packs. The famous Duracell bunny has been launched into outer space as part of a £10 million advertising and support package for the brand. It breaks on October 16 and will run until January, 1996.

The titanium message is set in bright blue against Duracell's orange and black. The new pack also features extended cell graphics to make identification quicker.

Duracell (UK) Ltd. Tel: 01293 517527.

Silver Seal deals

Ever Ready's zinc battery, Silver Seal, is running a special cash-back offer.

By purchasing two promotional packs, consumers can claim \$1 in return. Every pack also carries a coupon with \$0.25 off the next purchase of Energizer batteries. **Ever Ready Ltd. Tel: 0181 882 8661.**

Gillette's glitter

Gillette is getting set for Christmas with a range of sales promotions.

Throughout November, Gillette SensorExcel Cartridges will be on special offer, as will Gillette Series products: shaving foam (£1.69 from £1.95), shaving gel (£2.29 from £2.59) and after shave gel and balm (£3.45 from £4.45).

Gillette UK Ltd. Tel: 0181 560 1234.

Product Information: Nurofen Micro-Granules

Each sachet contains 400mg Ibuprofen B.P.

Indications: Effective in the relief of

headaches, cold and 'flu symptoms, rheumatism and muscular pain, backache, fever, migraine, period pain, dental pain and neuralgia.

Dosage and Administration: Adults and children

over 12 years: Initial dose 1 sachet, then if necessary 1 sachet every 4 hours. Do not exceed 3 sachets in any 24 hours.

Precautions and Warnings: As with some other

pain relievers, Nurofen Micro-Granules should

not be taken by patients with a stomach ulcer or other stomach disorder or hypersensitivity to

ibuprofen. Patients receiving regular

medication, asthmatics, anyone allergic to

aspirin, and pregnant women should be

advised to consult their doctor before taking

Nurofen Micro-Granules. Each sachet contains

132mg (approximately 6mEq) sodium. This

should be considered in patients whose overall

intake of sodium must be restricted. In normal

use, side effects are very rare, but may

occasionally include dyspepsia,

gastrointestinal intolerance and bleeding, and

skin rashes. Not recommended for children

under 12. If symptoms persist for more than

3 days patients should be advised to consult

their doctor.

Product Licence Number: 0327/0081.

Licence Holder: Crookes Healthcare Limited

Nottingham, NG2 3AA. **Legal Category:** P.

Price: Nurofen Micro-Granules: 6's £1.69,

12's £2.95. **Date:** June 1995.

Reference:

1. Busson, M., J. Int. Med. Res. 1986, 14,

NUROFEN

Contains ibuprofen

ON TV NEXT WEEK

Askit Powders: STV, G

Bazuka Gel: GMTV

Clairel Loving Care/Lasting Colour: STV, B, G, Y, TT, C4

Ibuleve Spray: C4

Imodium: All areas

Otex Ear Drops: C4

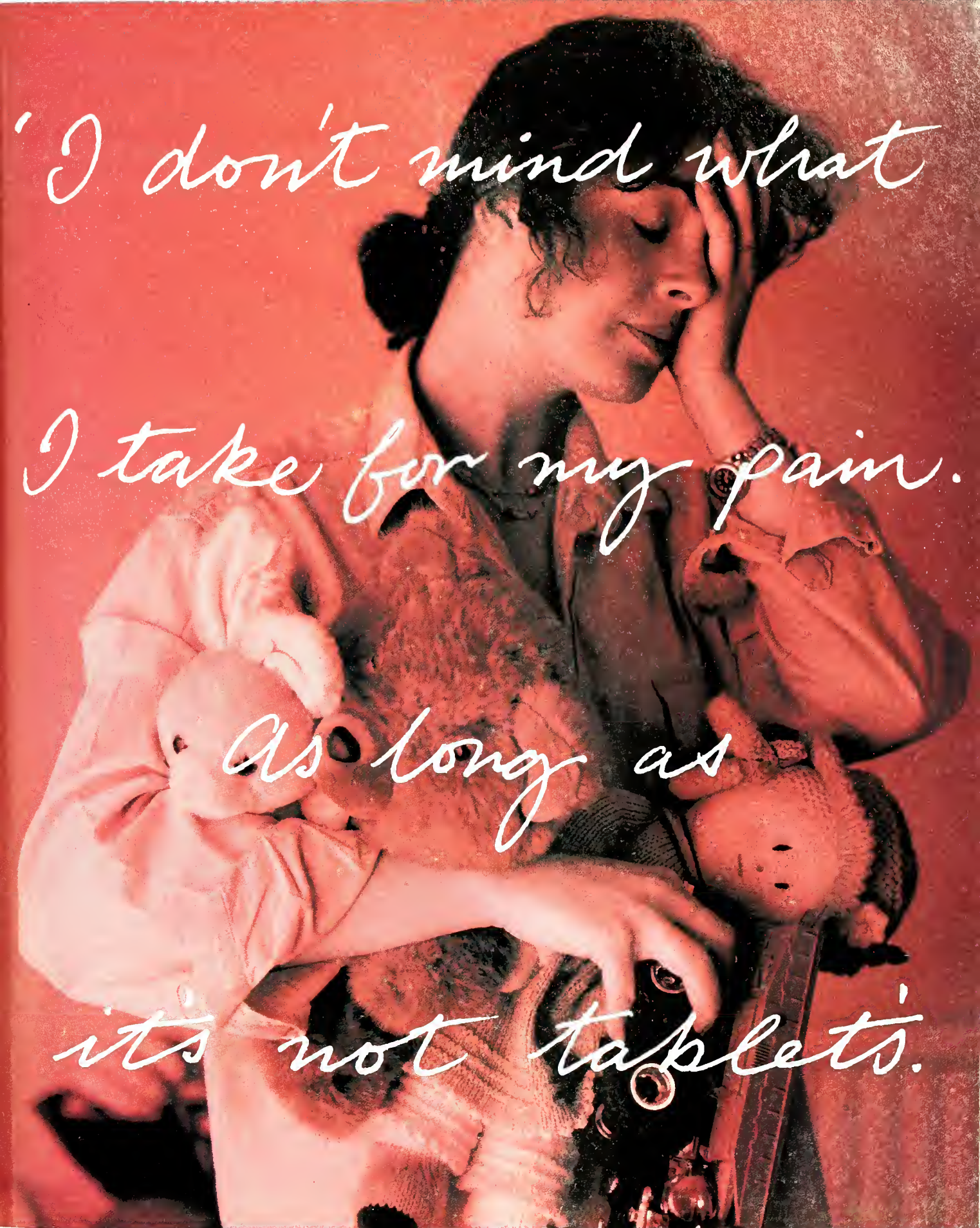
Pearl Drops (baking soda): B, G, C, A, M, GMTV

Rennie Rap-eze: All areas

Wrigley's: All areas

Wisdom Contour: All areas

GTV Grampian, B Border, BSKyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry



*'I don't mind what
I take for my pain.
As long as
it's not tablets.'*

'TAKE NUROFEN MICRO-GRANULES'

A sachet of Nurofen Micro-Granules dispersed in water provides fast relief for mild to moderate pain. Delivering all the benefits of Nurofen in a soluble form, it's as well tolerated as paracetamol and gentler on the stomach than aspirin¹. At the same time, its pleasant orange flavour ensures compliance. **WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER**





New Canesten Combi brings together in the same pack all your customers need for thrush: a pessary and a cream. It also gives *you* all you need: another exciting opportunity. Because Canesten Combi comes with excellent PORs and a complete support package. It includes a massive consumer advertising campaign, extensive POS and a full

Canesten™ Combi Prescribing Information Presentation A combination pack comprising one Canesten 1 Pessary (containing 500mg Clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1.0% Clotrimazole BP). Canesten 1 Pessary is a convex, white pessary measuring 25mm x 6.5mm x 10mm and is marked 'Bayer' on one side and 'MU' on the other. **Uses** Pessary for candidal vaginitis; cream for associated vulvitis and to treat the sexual partner to prevent re-infection. **Dosage and Administration Adults** The single pessary should be inserted, preferably at night. Using the applicator provided, the pessary should be inserted as deeply as is comfortable into the vagina. This is best achieved when lying back with the legs bent up. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Children** As Canesten 1 Pessary is used with an applicator, paediatric usage is not recommended. **Contra-indications** Hypersensitivity to clotrimazole. **Warnings and Precautions** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before using the pessary or cream, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months; previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease; pregnancy or suspected pregnancy; aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal anti-fungal products. Canesten 1 Pessary and 1% cream should not be used if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding; abnormal vaginal bleeding or a blood-stained discharge; vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria; any adverse events such as redness, irritation or swelling associated with the treatment; fever or chills; nausea or vomiting; diarrhoea; foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects** Rarely patients may experience local mild burning or irritation immediately after applying the cream or inserting the pessary. Very rarely, the




clotrimazole

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range of educational material for your customers and staff. Our research shows women are enthusiastic about new Canesten Combi. So make sure they'll find it on your shelves – and please recommend it to your customers.

patient may find this irritation intolerable and stop treatment. Hypersensitivity reactions may occur. Use in Pregnancy In animal studies, clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known. However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Accidental oral ingestion** In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. **Pharmaceutical Precautions** Store below 25°C. **Legal Category P** **Package Quantities and Basic NHS Cost** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary and a patient information leaflet are included. £4.25 **Further information Nil.** **Product Licence Numbers** Cream 1% 0010/0016R; 500mg Pessary 0010/0083 **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 560000. **Date of Preparation:** July 1995 © Bayer plc, July 1995. © Registered trademark of Bayer AG. Bayer and  are trademarks of Bayer AG.

MCA to consult on GSLs

The Medicines Control Agency is proposing to allow for consultation before a medicine's legal classification changes. Temporary general sale list status, as given recently to Galpharm's ibuprofen, would be granted only in exceptional circumstances.

The Royal Pharmaceutical Society's Council welcomed the news at last week's meeting, but agreed to tell the MCA that it could not envisage any "exceptional circumstances" applying to a P to GSL change. Such a product would already be available from 12,000 pharmacies, with appropriate professional advice.

The MCA is also considering a regular programme for P to GSL changes, similar to that operating for POM to P switches.

The Society has vigorously opposed the granting of a P to GSL licence for ibuprofen in letters and meetings with the MCA, and was particularly concerned about the lack of consultation. Council heard that, although the MCA still believed it was entitled to vary Galpharm's licence in the way it had done, it accepted that the current arrangements might be improved. Proposals would be issued shortly.

Patient packs Council is to take further action to resolve problems arising from the introduction of patient pack dispensing. A letter is to be sent to the Department of Health seeking guidance for hospitals on dispensing discharge medication and medicines for outpatients, together with a further letter expressing concern about the delay in finalising the Terms of Service of

community pharmacists. A letter to the MCA would repeat the Society's view that the regulations covering private dispensing and emergency supplies would need amending before patient packs were introduced.

Temazepam storage The Home Office is to be told that many pharmacists will find it impossible to meet Controlled Drug storage requirements if temazepam becomes a Schedule 3 CD.

Council voting An electronic voting system will be installed at Council meetings for a trial period of three months, so long as it does not damage the Council chamber. This year's annual meeting called for a more open system of voting, but some Council members questioned whether the expense could be justified. Council decided by nine votes to eight to try the system.

Continuing education Peter Curphey asked about progress in implementing Council's decision to verify pharmacists' compliance with the Code of Ethics expectation that they would undertake at least 30 hours' continuing education a year, and to examine the resource implications. He was told that the education division had the matter in its one-year plan, but no progress could be made until the division was fully staffed, which was unlikely before January, 1996.

Pharmacy degrees Universities are to be told that four-year degrees in pharmacy should be bachelor's degrees and not master's degrees.

Marketing community pharmacy Council approved a proposal for a resource pack on mar-

keting community pharmacy to health commissioners and other purchasers. The pack is likely to be ready in January, 1996.

Policy research unit Council agreed to fund further development of a proposal to establish a policy research unit within the Society. Areas of activity would include influencing others and influencing practical change. A final decision will be made once all the financial and other implications can be considered.

Malaria prophylaxis The NHS Executive has responded to the Society's concern that GPs can charge for private prescriptions for malaria prophylaxis. The letter said the main aim had been to clear up confusion as many GPs were already charging patients. No further changes of this nature are planned.

BS for MDS An application has been made to the British Standards Institution for a standard for monitored dosage systems.

Branch representatives' meeting Council approved, subject to the views of the branches, a number of changes to the structure of the branch representatives' meetings from 1997. One aim was to reverse the continuing decline in attendance.

Obituary John Ferguson, secretary and registrar, announced with regret the deaths of Dr Josef Winters, senior, who had been secretary general of the International Pharmaceutical Federation from 1956 to 1966 and its president from 1966 to 1978; and Colin Woolford, who had been the Society's public relations manager from January, 1987, to November, 1989.

FHSA support

Four local pharmacists are being funded by Redbridge & Waltham Forest FHSA to take the Certificate in Pharmacy Practice course for 1995/96. The funding covers course fees, a personal tutor and a contribution towards locum expenses.

Paracetamol evaluated

An evaluation of paracetamol sales has been completed by the Irish National Drugs Advisory Board. Chief executive Dr John Kelly told *C&D* that its report and recommendations had been made to the Department of Health.

Testicular cancer drive

A leaflet titled 'A whole new ball game' is being distributed to young men by the DoH in a campaign to encourage testicular self-examination. Chief medical officer Dr Kenneth Calman says that 95 per cent of early-stage testicular tumours are curable. The Imperial Cancer Research Fund devised the leaflet.

Diabetes friendly

A bi-monthly insert, which will first appear in *C&D* next week, offers pharmacies the opportunity to become 'diabetes friendly'. Called 'Connect', the promotional insert from Becton Dickinson will include an accredited training course. Pharmacists wanting to know more about the course are asked to write to a Freepost address. There is a stock incentive for the first 1,500 to respond. The company believes the pharmacist has an important role to play in the delivery of diabetes care.

Medical device fees

The Medical Devices Fees Regulations 1995 (SI No 2487; HMSO, £1.95) lay down the fees payable for inspection of premises and other services provided by the Department of Health in relation to active implantable and medical devices. The regulations come into effect on October 17.

Which? update

The latest issue of *Which? Way to Health* tackles litigation for adverse drugs reactions, private dental complaints, current opinions on sugar, childhood diseases and the latest stomach ulcer therapies.

Donors sign up

The NHS Organ Donor Register has clocked up two million applications in its first year.

Boots before Stat Comm

Boots the Chemist is to appear before the Royal Pharmaceutical Society's Statutory Committee on October 17.

The inquiry centres around an alleged prescription and delivery service operated by a Salisbury Boots' branch and dispensing doctors in Durrington, Wiltshire. It is believed the service was set up following the opening of a pharmacy in the village, resulting in the doctors losing their right to dispense.

It is understood that the hearing will consider a similar situation which has arisen in Winterton, Humberside.

NHS admin cuts

Stephen Dorrell, the health secretary, has announced a \$140 million cut in the NHS administration budget next year.

Mr Dorrell, who declared himself a 'bureausceptic' at the Tory Party conference in Blackpool, said trust and health authorities would receive 5 per cent less cash next year for administration.

Mr Dorrell also announced a new efficiency team to study the burdens imposed by the paperwork in hospitals and HAs. The team will report within 90 days.

In his speech, which failed to mention pharmacy, he dismissed Labour's proposals for the NHS. "Labour are divided among themselves - they sit, dazzled like a rabbit in the headlights, adrift on the floodtide of Conservative ideas," he said.

Creigiau decision

A pharmacy application, which was opposed by the local Labour Party, has been turned down by Mid-Glamorgan Family Health Services Authority (*C&D* July 1, p5).

The application by W O Davies & Son to open a pharmacy in the village of Creigiau was subject to vigorous opposition by residents, who feared the closure of two dispensing doctor practices. They asked the local Labour Party to help, leading to the distribution of a 'Pharmacy Fact Sheet' to 2,000 homes in the area.

Proprietor of W O Davies & Son Michael Mac Donald admits he is "surprised" at the decision. As yet, he has not decided whether to take the matter to appeal, as he has yet to be formally notified by the FHSA.



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red
cloud
has a
silver
lining!



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Thoughts on RPM

There will be no moves against resale price maintenance on medicines for at least another three to five years, according to advice Smithkline Beecham has received from consultants.

"Manufacturers have got to balance the P medicines coming into the pipeline against their GSL portfolio," said national sales manager Paul Stanton. "We need to leave pharmacists in a strong position as the primary healthcare manager."

There is a much stronger case for RPM on medicines than on books, according to Steve Dickson, Whitehall Laboratories' director of pharmacy, and a member of the PATA's strategic panel looking at the issue.

Graham Ford, sales director at Pfizer Consumer Healthcare, wondered whether P medicines might remain price maintained, while GSL lines became open to price competition.



SB's Paul Stanton



Steve Dickson from Whitehall

Managed care is one of the catch-phrases of the new NHS, and will take on greater significance next year, with the formation of joint commissioning agencies. Speaking at last week's Unichem convention in Marrakech, Glaxo's **Stephen Jordan** urged pharmacists to be less reticent in this area

Managing to manage

The merger of FHAs and DHAs to form joint commissioning agencies, with the ability to control both funding and delivery of care, is an example of a move towards managed care in the NHS.

Managed care is the linking of two key elements in healthcare which have historically been separate – financing and delivery of care, explained Stephen Jordan, commercial manager for Glaxo Pharmaceuticals.

All managed care models have two basic requisites: there must be agreements with selected providers to furnish services to patients; and agreed care guidelines or protocols to ensure quality and control utilisation.

In healthcare, the goal must be optimum patient care within finite resources, rather than cost minimisation. "If the goal is cost minimisation, then the relationship between purchaser and provider is not sustainable," stressed Mr Jordan. "Once excess spend has been squeezed out of the system, the supplier

either has to reduce the quality of service in an ever-decreasing spiral – or bow out."

Managed care can take one of two paths: component management; or total disease management, he said. The former splits down the costs of treatment into elements, such as drugs, diagnosis, secondary care, etc. Each element is managed in terms of squeezing out excess spend. UK attempts at component management, such as extending the Selected List, have achieved limited success in controlling overall cost.

The implications for pharmacy of this approach are "significantly negative", he said. "Pharmacy input would be extremely limited. Once the preferred range of drugs to treat a condition has been established, the pharmacist's role would be relegated to that of dispensing alone."

Disease management, however, evaluates both cost and quality of healthcare delivery as a total package. A typical programme might include cost/out-

comes assessment, treatment guidelines, disease monitoring, and provider and patient education. Every player in the health system has a role in making the programme work.

"Pharmaceutical care is one element of total managed care," said Mr Jordan.

The number of definite examples of pharmacists who are involved in managed care is not overwhelming, he said. However, there are good and varied examples of pharmacists' involvement which show that pharmacy not only has the capability to develop new ways of working, but also unique expertise, which is vital to the selected provider element of managed care.

"To become a selected provider, I'd just make the plea for you to individually and collectively shout about your value," said Mr Jordan.

(Mr Jordan was presenting on behalf of Dr Maureen Devlin, customer manager, pharmacy, Glaxo Pharmaceuticals, who was unwell).

Unichem introduces initiatives to customers

A new hand-held order terminal will be introduced during the last quarter of the year, one of four initiatives that will be, or already have been, launched to Unichem customers.

The terminal contains the complete Unichem product file and will be updated daily as orders are sent. These can be entered using bar codes or alpha search. Users can enter their own retail prices. Software will be available separately for dispensary PCs.

A new invoicing system introduced into the Croydon branch will be in universal use by November. Customers will be charged only for goods delivered. Order merging will mean a reduced number of documents and parcels.

Other initiatives under way are the relaunch of own-brand lines, and a two-stage revamp of the Gold Partners scheme.

"The key change (in own-label) is the focus on healthcare products, which will now attract the majority of our support on advertising and promotion," said Unichem sales and marketing director Tony Foreman.

The first stage of the Gold Partners' relaunch is already happening (*C&D* September 30) and comprises four elements:

- Greater support for space planning, using the Moss Advisory Service. There will be training sessions, and the chance to use audits or a full consultancy service to help plan space more effectively.

- A core range of 120 known value items has been selected and the retail price set to match Boots' and the supermarkets' to help pharmacies portray an image of competitive pricing.

- POS and display material has been improved. A catalogue of 'off the shelf' merchandising aids is available with the option of calling in a display and merchandising advisory team.

- Options of local promotions that can be bought 'off the shelf' as appropriate.

"In 1996, the programme will be developed to accommodate a far wider-ranging service offer," commented Mr Foreman. "We aim to make Gold Partners the preferred trading status for all pharmacies."

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Lincolnshire lauded for local standards

Last weekend saw the 22nd Lincs Local Pharmaceutical Committee conference, where pharmacists were applauded for their input by Lincolnshire Health's primary care development director

Lincolnshire pharmacists have been congratulated for being the first profession in the county to develop local quality standards for health services – standards that would normally be imposed by the purchasing authority.

Pharmacists had led the way through meaningful discussions with Lincolnshire Health, its primary care development director, Dr Richard Crookes, told contractors when he addressed the Lincolnshire Local Pharmaceutical Committee's 22nd annual conference on Sunday.

He said: "The Community Pharmacy Group has been a successful vehicle for local negotiations on nursing homes and out of hours payments this year. We are also funding training for medicine counter assistants."

Joanne West had been appointed as pharmacist facilitator to Lincolnshire Health. "This emphasises our belief that community pharmacy is an important area," said Dr Crookes.

But he believed Lincolnshire Health was now short of cash because of a Government reallocation of funds. "You will hear of other purchasers being more generous," he said, citing Barnsley as a case in point.

Around 70 per cent of Lincoln-



Lincolnshire Health's primary care development director, Dr Richard Crookes, applauds pharmacists in front of LPC chairman Keith Swann at the 22nd Lincolnshire LPC conference last Sunday

shire's 107 GP practices were fundholders, with one group being one of 50 nationwide pilots on total purchasing. On average, fundholders purchased 35 per cent of their requirements for themselves.

Under Virginia Bottomley, Government had wanted to take the total purchasing route, but there was a softer approach under new health secretary Stephen Dorrell, who was looking to locate budgets in the locality rather than in practices.

The politics were no longer clear, with the Labour Party saying it will abolish GP fundholders. "GP fundholding has been quite successful and has worked well in most areas," believed Dr Crookes.

Finnish models

Finland had remodelled its health service over the last 15 years, with cash now devolved to localities with local teams administering the funds across the relevant health professionals to ensure locally determined needs were met.

The teams controlled all budgets, set standards and integrated care across the professions. By setting outcomes and controlling delivery, they operated the gate to expensive secondary care. "The Finns have addressed our problem," Dr Crookes commented, drawing the parallel between the similarly rural nature of Finland and Lincolnshire.

The future is in your hands

It was essential that pharmacists "get involved in the communication process", said Roger Odd, the Royal Pharmaceutical Society's head of pharmacy practice, because the Society had placed the future of the profession in their hands with the launch of the 'Pharmacy in a new age' consultation process.

Council had already formulated some ideas, but it had decided to consult rather than

impose, he said. "Tell us what's missing from the document!"

The profession needed to deliver what the public wanted to a high standard, ensured by training, especially training for additional roles. The new age process had to set the agenda for pharmacy for the next 10-15 years.

And Mr Odd reminded pharmacists that they were key to both the public's and opinion-formers' perceptions of pharmacy.



New age traveller Roger Odd, head of pharmacy practice at the Royal Pharmaceutical Society, hit the Lincolnshire roads last Sunday to launch the Society's new message to community pharmacists

The financier's tale

Local indicative budgets should be abandoned in the 1995-96 contract negotiations, but there should be central budgets for 'national' non-core roles, with health commissions budgeting for other non-core activities and pilot trials.

The Pharmaceutical Services Negotiating Committee's financial executive, Godfrey Horridge,

expounded this theme to Lincolnshire contractors, continuing the Committee's explanation of its reversion to its original stance on local pay (C&D September 23, p415).

Requirements for non-core arrangements needed to be determined from a national menu and monitored to see that professional requirements were being met at local level.

Mr Horridge listed rotas, advice to nursing and residential homes, oxygen, and additional national non-core roles as suitable cases for local treatment. He listed oxygen, compliance and health promotion as being on the Government's shopping list.

"Compliance is a massive subject and needs a lot more negotiation," he said. The protocol on oxygen had been agreed, while health promotion was "probably better handled at local level".

By 1997-98 ideas should be converted into reality, with PSNC managing the process. Beyond then, Mr Horridge envisaged a "Pharmacy 2000 service for patients", with new roles following funded pilots and delivering cost-effective health gain to patients through a significant number of contractors, thereby enhancing the profit and the status of community pharmacists.



PSNC's financial executive, Godfrey Horridge, challenged Roger Odd's response to a question from the floor – that pharmacists were paid a technician's wage for the mechanical dispensing job – but said they weren't paid enough



Lincolnshire LPC's secretary, Noel Baumber

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Star gazing at NACEP

With the profession in a state of flux, it was hardly surprising that the 46th annual conference of the National Association of Co-operative Executive Pharmacists focused on the changes and future influences on pharmacy.

"The full impact of what our profession decides now will continue to resonate in ten, 20, 30 years' time. The challenge is ours – but the future is yours," said the National Association of Co-operative Executive Pharmacists' president, Geoff Flint, in his concluding speech to the organisation's annual conference.

Steve Axon, Pharmaceutical Services Negotiating Committee secretary, likened it to star gazing. "When we reach our conclusion as to whether we are looking at the mud or looking at the stars, we will be guided by the 'Pharmacy in a new age' document," he said.

Ask Axon

PSNC secretary Steve Axon touched on a number of issues.

- "It's unfortunate that the Government consistently refuses to accept the increased productivity of pharmacists in dispensing more and more prescriptions."

- "The fall in gross profit year by year and international comparisons bears testimony to the inadequate funding of the pharmaceutical service."

- "Until the Government truly accepts that a pharmaceutical service is more than the dispensing of medicines, is prepared to invest in community pharmacy and to reap the financial returns that such investment can generate, then the lack of funding will prevent development."

- "PSNC is totally against sanctions – they are not an option."

- "I applaud the [assistant] protocols, provided they do not make the pharmacist invisible."

- "If managed care is to develop, it could be either through the disease management route or through GP fundholding. What won't happen is that we will have a direct import from America."

- "The advantage of mail order pharmacy is price. Who wants to have their film developed in one week when they can get a next-day service?"

- "We can only live in hope that this crazy situation [non-contract pharmacies] is rectified."



Steve Axon, PSNC

The initiative was emphasised by fellow speaker, the Society's vice president, Ian Caldwell. He termed it: "One of the most important things the Society has done in many years. The sooner it is taken forward the better."

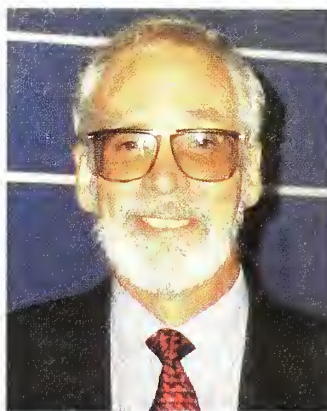
The underlying theme of both speakers' presentation was the imperative of change. Mr Caldwell warned: "If an organisation does not change, it becomes archaic, marginalised, nobody wants its products and it loses value. We do not have any option but to change."

Mr Axon outlined the many influences of change, ranging from the economic and legislative aspects to the consumer and professional influences.

Of the economic influences there were those, such as the amount and devolution of funding and the balance between dispensing and other pharmaceutical services, and those that will inevitably affect the profession.

He believed these were not cause for concern, despite touching on the fearsome terms managed care, non-NHS funding and mail order pharmacy. "They do not just provide an opportunity for the profession to develop but they will make sure that it does – in a controlled rather than an ad hoc manner due to maverick actions by individuals, however altruistic."

Of all of these, Mr Axon felt "information technology is the



Ian Caldwell, RPSGB



Geoff Flint, NACEP

strongest of all the economic forces."

Mr Caldwell echoed this in his speech. "All this [new service delivery] hinges on the use of information technology. That's the one thing that if we do not keep up with it will run away and leave us standing."

However, some of the economic influences will depend on legislation, such as changes to pharmacists' Terms of Service, NHS re-organisation and deregulation. "We applaud the move from POM to P, but we are not particularly happy about the move from P to GSL. It shows, more than anything else, the need to stress the importance of the supervision of medicines."

The final influences lay with consumers and the profession itself.

Nytol warning over fears of teen abuse

Community pharmacists are being asked to be vigilant over sales of Nytol, amid fears of abuse by young people.

Royal Pharmaceutical Society inspector for the Midlands area Jillian Williams told the conference that clubbers are using the drug to 'come down' from ecstasy and amphetamines.

"It's a pretty startling thing if

you see youngsters coming in for Nytol because they should not have any sleeping problems," said Mrs Williams.

Although, as far as she was aware, the problem is only confined to the north of England and the Birmingham area, she advised pharmacists to put the OTC medicine on the red list of their counter assistant protocols.



Ailsa Benson, NPA

Society criticised over assistant training

The Royal Pharmaceutical Society's training of pharmacy counter assistants came in for criticism by the National Pharmaceutical Association's head of training, Ailsa Benson.

"Training has been a bit of a charade. Here we are, 14 months later, still not certain what training is required," she opined. The result was confusion.

Although the Society had decreed that training should ensure assistants have the underpinning knowledge of the retail level 2 National Vocational Qualification, Mrs Benson pointed out: "The Society only wants the assistants to get the knowledge, but I think we should go further than that and ensure they are competent to do their job."

The means to do this lay in the completion of the level 2 NVQ, which looked at performance evidence. "NVQs allow us to see if knowledge is being used competently," said Mrs Benson.

She added that there was no need for "all this angst" about NVQs as they were "logical, neat, tidy and so should appeal to pharmacists". With the implementation of an NVQ for dispensing technicians next year, it was important for pharmacists to understand the concept.

But the Society did not require the full NVQ to be completed, simply that the underpinning knowledge of the NVQ is imparted. To this end, a number of courses are already accredited with offering this, with others now set up, but yet to be accredited by the Society. "We do not know what that accreditation system is," pointed out Mrs Benson.

One member of the audience expressed the fear that the NVQ offered the way for grocery assistants to offer advice on GSL medicines. But Mrs Benson allayed this concern. "The NVQ lays down standards that supermarkets would find very difficult to adhere to."

Feeding the difficult CHILD

Pharmacists can help worried parents turn a feeding fiasco into a nutritional nirvana, as June Thompson RGN RM RHV explains

Infant feeding can be fraught with difficulties for some parents. They may feel upset or even rejected if a baby refuses their carefully prepared food, or worry that a toddler hardly seems to eat enough to keep itself alive. Mealtimes can turn into a battlefield if a child refuses to sit still at a table. And parents can be driven to distraction by their toddler who will only eat foods such as sausages and crisps day after day.

Parents experiencing these problems need to know they are not alone – thousands of others are going through, or have been through, the same problems. Most feeding difficulties can, however, be resolved with a little calm, patience and ingenuity, and by remembering that no child will voluntarily starve itself to death!

Weaning worries

For many parents, feeding problems start when the child begins weaning. The baby who took breast or bottle milk with gusto may close his mouth firmly or turn his head away when offered a spoon, gag or spit the food out, or refuse anything that does not have a bland, sweet taste.

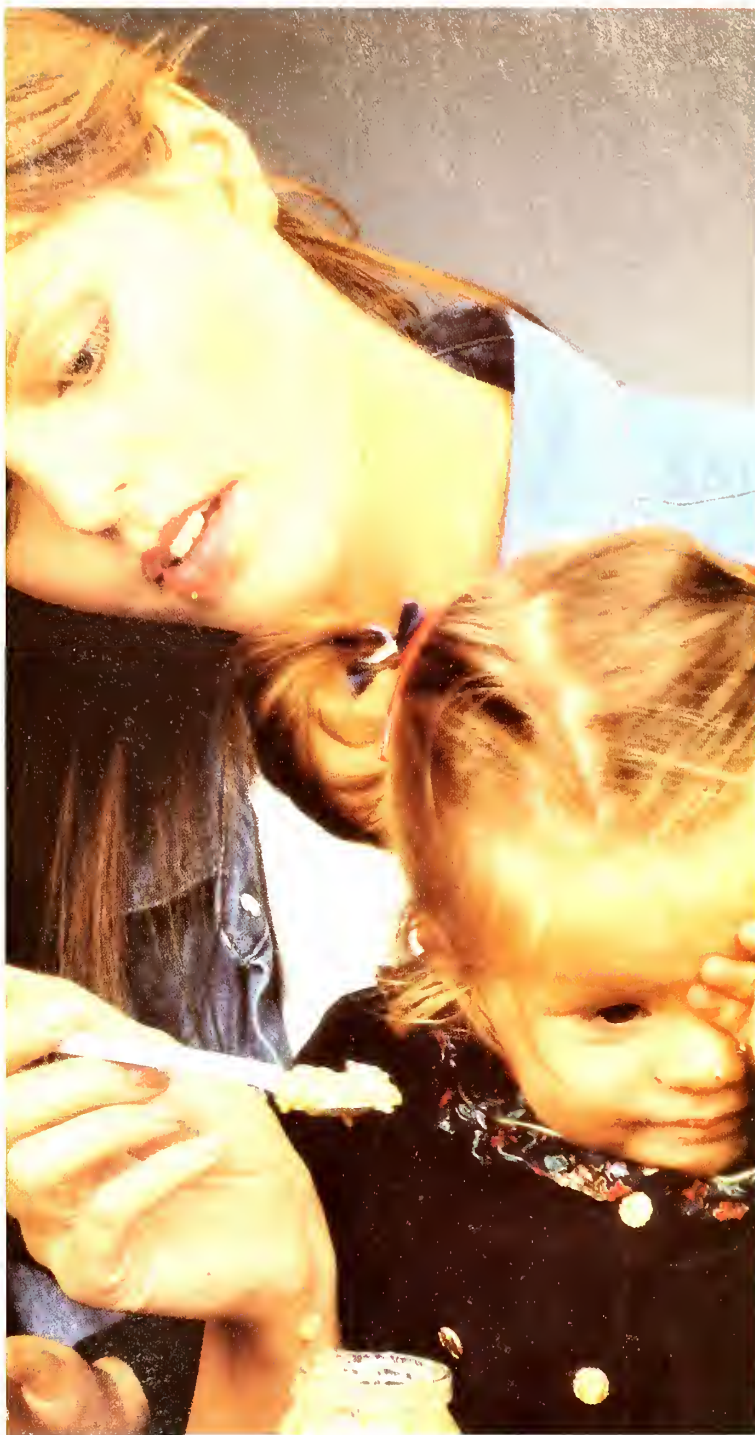
There may be several reasons for food refusal – the most common one being that the baby is not yet ready to start weaning. If a baby is offered food too early, the extrusion or 'gag reflex', which is a safety measure to prevent choking, may come into play. The gag reflex may also cause difficulty with feeding if the spoon is put too far into the baby's mouth, or if the food is too hard or the wrong temperature.

Sucking lifts the back of the baby's tongue and pushes the front forwards. When solids are offered on a spoon, especially if introduced too early, the reflex action may push the food out again. Parents may then think that the baby does not like the food, and not offer it again, when really he just needs to learn how to suck food from the spoon.

Another reason a baby may refuse food is that it is just not hungry. A baby who has just had a full bottle of milk or a substantial breastfeed may feel satiated and not want anything else, or it may be too tired. So introducing food at the appropriate time is important – for example, at midday, and after it has been offered a small amount of milk to satisfy its immediate hunger.

Parents should be reminded that:

- the Department of Health recommends that weaning should not be started before four to six months of age
- weaning is a gradual process and only tastes on the tip of a spoon are needed at first



- a plastic weaning spoon is softer on the baby's gums than a metal one
- the right time of the day must be picked to offer solids
- perseverance may be needed
- research at the University of Birmingham has found babies of around four months are particularly open to new tastes, and even if they appear to dislike a food, babies can learn to accept even bitter tastes, provided they are offered consistently
- around six months is the optimum age for chewing and biting. Soft lumpy foods should now be introduced to prevent later problems with chewing.

Toddler talk

There are several reasons why toddlers do not appear to eat well.

- Small appetite. Children naturally have small appetites, and what appears to be a small portion to an adult may look huge to a child. If a child is gaining weight, is healthy and has plenty of energy, then it is getting enough nourishment, however little it appears to eat.
- Snacks between meals. Young children prefer to eat small frequent meals throughout the day, because a small child's stomach is not able to cope with large quantities of food. However, snacks should be healthy, such as pieces of fruit or sandwiches, rather than biscuits or crisps. Sugary drinks should also be limited. One recent study has found that children showing symptoms such as poor appetite, poor

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behaviour at mealtimes and poor weight gain were suffering from the 'squash drinking syndrome'. The children, who were ingesting 30 per cent of their daily energy from squash, mainly blackcurrant juice, improved considerably once the amount of squash was reduced.

● Exerting their independence. As children develop, they naturally wish to start exerting their independence, and refusing meals or certain foods is one way they can do this. Try letting them experiment with feeding themselves with a spoon and fork or giving lots of different healthy finger foods, such as fruit, cheese cubes and sandwiches.

Faddy phase

Most children go through a phase when they will only eat certain foods. If the child is otherwise healthy, there is not normally any need for concern, and food fads are best ignored. Expressing concern, or trying to persuade a child to eat something different usually makes matters worse. Subtle ways can be found to introduce a wider variety of foods into the diet. For example, grated cheese can be added to spaghetti or beans, vegetables may be enjoyed raw as finger foods, fruit can be blended into ice cream or milk or added to a favourite breakfast cereal.

Eating is a social activity and most parents are anxious to instil good table manners into their children. Meals disrupted by young children who get bored sitting at the table for long periods of time, or who see no reason to sit there once they have satisfied their hunger, can cause tension in the family. Most families will also have their own ideas on what is tolerable at the table, depending on the age of the child.

Parents may need to come to a compromise on what is realistic to expect from young children. Once an approach has been decided, this should be firm and consistent. They should aim to increase the time the child is expected to stay at the table, rewarding good behaviour with praise and ignoring behaviour such as screaming to get down. If a child gets down from the table after eating very little, make it a rule that nothing else will be given until the next meal.

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A tougher future ahead for baby care

Market analyst FSA predicts tougher times to come for the baby care industry as a result of falling birth rates. However, foods, milks, toiletries and wipes are still showing healthy growth

The environment for the baby products industry has, to some extent, taken a turn for the worse, with official Government statistics revealing a decline in the birth rate in the early part of 1995. This, combined with recent suggestions in the national press that up to 20 per cent of women may remain childless, points towards a tougher market.

Perhaps in response to this, mergers and acquisitions continue to prevail in the industry. Following the Heinz purchase of Farley's and Cow & Gate's takeover of Robinsons' foods in 1994, the current year has seen announcements of a mooted merger between Scott and Kimberly-Clark – both important global players in nappies and wipes – and a takeover of Milupa

by Nutricia (Cow & Gate). The big players are getting more dominant, while private label has been the sector most adversely affected by this activity.

Despite reduced birth rates, many markets have continued to show sterling and volume growth throughout the year to June, 1995. Wipes, toiletries, foods and milks show the strongest growth, while drinks, sterilants and training pants have declined.

The launch of a wipe product

under the Pampers' name caused turbulence in the wipes market, with plenty of promotions linked to Pampers nappies.

As a result, the wipes market, rather like the nappy market, is likely to be characterised by frequent promotions and product innovation, with own-brands suffering from the constant promotion and advertising of the leading brands. Other markets are expected to maintain recent trends.

Total Baby Products

Presence of 'own-label' within (major) product fields

	Total own-label, inc Boots	%Change
Total baby products	15.6	-10
Cotton wool	83.4	-4
Wipes	46.8	-14
Bottles, teats & soothers	45.2	+1
Sterilants	36.3	-8
Drinks	24.5	+12
Toiletries	24.0	-7
Foods	13.2	+25
Nappies	8.7	-27
Rusks	5.4	-28
Milks (inc Soy)	2.1	+48

New restrictions on drinking

It's been a controversial year for infant formula, with an ongoing debate over whether fatty acids (LCPs) should be included in milks for full-term babies and, if so, which ones; and, of course, the EC Directive and UK regulations on the advertising and packaging of baby milks has come into effect, with claims that rules are already being bent or broken. And on top of that there were two major acquisitions with Farley's taken over by Heinz and, more recently, Milupa by Nutricia.

New restrictions

On March 1 this year, new restrictions on advertising and packaging of infant formula came into effect. They are fairly complex, but the main changes are:

- labels on infant formula packs must not include pictures or photographs of babies or any other picture or text which "may idealise" the use of infant formula.
- text on the label should provide necessary information on

the product, but not discourage breastfeeding in any way.

● advertising of infant formula is only allowed in specialist baby-care publications distributed by health professionals, in scientific journals or trade publications not intended for the general public. Advertisements may only contain factual or scientific information and must not imply that bottle-feeding is superior or equivalent to breastfeeding.

● retailers selling infant formula must not advertise the product or make any special displays designed to promote sales. They can't give customers samples or coupons giving discounts.

● manufacturers must not offer formula free or at discounted prices or give away gifts with purchase.

● educational material for pregnant women and new mothers must emphasise the benefits and superiority of breastfeeding.

The Department of Health is currently putting together guide-



SMA makes things easier with ready to feed formulas

lines to clarify the regulations on educational materials and Trading Standards officers are producing guidelines on the advertising and packaging restrictions. These should be available by the end of this year and aim to clear

Continued on P550 ▶

MEDICALLY PROVEN TO REDUCE COLIC IN THE NEWBORN



A recent two year clinical trial* carried out jointly between the MRC Dunn Nutrition Centre in Cambridge and the Thomas Coram Research Institute, London University, found that:

- Newborns fed with the AVENT anti-vacuum bottle had a duration of colic significantly less than those fed with conventional bottles ($p < 0.02$).
- Newborns fed with the AVENT bottle spent more time awake and content.

In both cases, babies fed with the AVENT bottle behaved more like breast-fed babies.

The AVENT bottle was designed to emulate breast feeding as closely as possible. The AVENT teat is broad and soft allowing the baby to suckle as at the breast. This makes combining breast and bottle feeding much easier, should expressed breast milk or supplementary feeds be needed.

As the baby feeds, the anti-vacuum skirt of the teat allows air to flow into the bottle, replacing the milk at the baby's own rhythm. The gentle whistling sound as the baby feeds guarantees that air is going into the bottle and not into the baby's stomach. It is the air swallowed during feeding that can be a cause of colic.

* Colic, Crying Fussing and Feeding

Alan Lucas MD FRCP, MRC Dunn Nutrition Unit and Department of Paediatrics, University of Cambridge.
Ian St James-Roberts PhD, Thomas Coram Research Unit, Institute of Education, University of London.
Ross Paediatric Research Conference, USA, November 1994.



In 1948 an American midwife invented the first disposable baby bottle. A plastic bag which contracted during feeding just like the breast – so baby swallowed less air. A subsequent clinical trial proved that babies fed with disposable bottles suffered less from colic and regurgitation. Now 70% of new mothers in the US use disposables.



The AVENT Disposable combines the medically proven advantages of the AVENT standard bottle and teat with the proven advantages and convenience of disposable bottles. Mothers can use their favourite AVENT bottles at home and the AVENT Disposable when on the move – the two systems use similar teats so baby won't notice the difference. Used with the AVENT manual breast pump, milk can be expressed into pre-sterilised bottle bags and sealed with AVENT clips for storage in fridge or freezer.

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◀ Continued from P548

up the many questions that manufacturers have.

At SMA Nutrition, director of corporate affairs Don Barrett says it's still too early to tell what effects the new regulations have had on sales of infant formula. At Cow & Gate, sales director Ian Thomas agrees. "In our area, we're more used to dealing with restrictions than other product areas so we're already very careful in what we do. However, I do believe that mothers have the right to good information on bottle-feeding if that is what they have chosen to do."

At Milupa, marketing manager Adrian Kelly says the fact that guidelines on the advertising and promotion restrictions are not yet available is making things difficult for manufacturers, although the regulations have had no effect on milk sales yet.

Baby Milk Action Group cites numerous cases of manufacturers which have already broken the law by illegal promotional practices, including labels with pictures of babies and emotive advertising. But manufacturers argue that the breast- and bottle-feeding rates have remained virtually unchanged in the last ten years, with about 60 per cent of mothers initially breastfeeding and 40 per cent bottle-feeding, and so cannot have been influenced by advertising.

Mother's lifestyle

At SMA, market research manager Sally Wade agrees: "In surveys that have been carried out, advertising per se is never mentioned as a reason for choosing to bottle-feed a baby. The reasons given tend to be associated with lifestyle, convenience and support structure. Mothers are looking for ease and convenience in their chosen feeding method – and are not always given the support they need to maintain breastfeeding by health professionals."

The fact that mothers are returning to work sooner after giving birth is one of the main reasons why women aren't breastfeeding for longer in this country, says Ms Wade. But in Norway, where working mothers are allowed to breastfeed for two hours a day, bottle-feeding is almost unheard of.

The other main reason, which came out in a recent OPCS survey on why mothers had stopped breastfeeding, is that bottle-feeding allows the baby to be fed by others.

When asked why companies are fighting to advertise infant formulas, Mr Barrett replies: "Baby milks is a competitive market and we want to attract attention to our particular brand, but not bottle-feeding itself."

The taste of home cooking



Milupa's Baby Bonanza scheme enables customers to save money on meals and milks

Trends in adult foods tend to filter through to the baby foods market, albeit in a diluted form. Manufacturers have produced baby foods in varieties which reflect our increasingly cosmopolitan palate – pasta dishes are popular, as are risottos and vegetarian dishes. In keeping with the popularity of 'home cooked' dishes and foods, many more mothers are now preparing their own baby foods. In recognition of this, Cow & Gate has put together a book of homemade recipes for babies. The other trend to filter through to baby foods is organic and natural products.

First on the market was Baby Organix, recently followed by Hipp from Germany, Milupa's Natural Choice and own-label ranges from Boots and Safeway. Organic products have certainly benefited from recent bad publicity on the ingredients used in other types of baby foods and the pesticides used growing them.

Whether or not mothers choose the organic option, the movement has had a positive knock-on effect on the rest of the market, with manufacturers striving to make their foods purer and more natural, taking out any unnecessary ingredients.

At Cow & Gate, sales director Ian Thomas is a little sceptical of the importance of organic baby foods. "They are still very much a niche sector, just as they are in the adult market, and the biggest player, Baby Organix, still only claims just under 1 per cent of the market. It's difficult to say how they can be healthier than other baby foods, if indeed they are. We have to take the same

sort of precautions with the quality of our ingredients and the use of pesticides that they do. I think the concept of organic baby foods is more emotional than logical and I don't see that it will take more than a couple of percent of the market share in the near future." At Milupa, scientific director Niamh Rice says: "The trend to organic baby foods is about having more choice, not healthier meals. A meal being organic is no guarantee of quality. There are already strict guidelines regarding the use of pesticides for conventional baby meals – those who buy organic meals are really making a lifestyle choice."

Mr Thomas agrees that there has been a move towards more home-prepared dishes, "But because mothers are returning to work sooner there has also been an increased interest in high-quality, pre-prepared baby meals." The highest usage of prepared baby foods is at three to six months, where 75 per cent of babies are fed at least some, while this drops off to 71 per cent at seven to 11 months and just 20 per cent at 12 months.

Many mothers assume that home-prepared foods are more nutritious than shop-bought baby meals, but they may be mistaken. A survey (funded by Cow & Gate) published in the journal *Act Paediatrica*, which analysed and compared home-made and pre-prepared baby foods, found that while home-made meals can vary in nutritional content, commercially-prepared foods are consistent. In particular, the researchers found that many of the home-made samples contained higher levels of sodium than recommended by the EC Directive. The study concludes that "overall, there are few notable differences between home-prepared and commercially-produced foods", and that many mothers who give home-prepared foods with the intention of offering nutritionally superior foods "do not fulfil their aspirations".

COMA report

The main change recommended by the COMA report in terms of foods is that infants should not be given solids until four months – previously three months was the suggested age. Recent research suggests that the baby's gut and kidneys are not sufficiently developed to cope with solids before four months and taking solids too early may



Cow & Gate has added a home-made recipe to its Olvarit range. Called Mrs MacLachlan's Mediterranean Vegetable & Lamb Risotto, it was the winner in C&G's recipe challenge last year

inhibit the absorption of nutrients from breast milk.

At Cow & Gate, Ian Thomas says the company has been recommending a weaning age of three to four months for some time, and by early next year, all pack labels will recommend weaning from four months.

Suitable weaning foods, suggests the COMA report, include non-wheat cereals, pureed fruit and vegetables. It says salt should not be added and sugar used only where necessary. From six to nine months, a more balanced diet can be given, including meat, fish, eggs and cereals. The report acknowledges the pre-prepared baby foods are good from a convenience and time-saving point of view.



The Farley's Meal Timers range has been relaunched with new recipes

Dosage and Administration: Adults and children over 3 months, carefully sprinkle the contents onto food or material involving the possibility of

76% felt their babies' breathing had improved after one hour.

97% found Karvol to be acceptable or pleasant.



10% discount on all purchases

Karvol

Nature's response to clear
black of my eyes

Gently does it

Contraindications, Warnings, etc.: Karvol should not be used by patients who are sensitive to any of the ingredients.

Dry summer

Baby drinks have been the target of a great deal of bad press as pundits heaped criticism on the sugar content of many products. The predictable result was a serious decline in the market. Even this year's exceptionally hot summer managed only to help sales in this troubled sector recover to record a 4 per cent decline for the year (to June '95).

Cow & Gate, which claims 77 per cent of the drinks market in pharmacy, expects to see a flattening out and doesn't expect it to take off again.

So what options do mums have? Despite all the publicity and warnings, there are still relatively few sugar-free baby drinks to choose from, and the few there are take just a small percentage of overall sales.

The main problem, says Ian Thomas at Cow & Gate, is making sugar-free drinks which are palatable, as sweetening substances used in adult sugar-free drinks, such as Nutrasweet, are not allowed in baby drinks. "We all know that the best thing for babies, apart from milk, is cooled, boiled water, but they are not likely to want to drink this."

A worrying trend, which seems to have developed through lack of understanding, is parents giving their children adult sugar-free drinks because they are more palatable, thinking these will be safer for them than baby drinks which contain sugar.

Drinks' news

Robinsons claims a 17 per cent share of concentrates and a 16 per cent share of ready-to-serves with its Pure Concentrated Baby Fruit Juices and Pure Baby & Toddler Fruit Juices.

The majority of sales, says the company, are for babies aged four to 12 months (60 per cent), with babies aged one year and above accounting for 30 per cent. Concentrates are most popular for babies aged four to 18 months, while ready-to-serves are used more often for babies over one year.



Robinsons' range of baby drinks includes concentrates and ready-to-serves

Standard equipment

British manufacturers pride themselves on high safety standards when it comes to baby equipment. But, as in many other areas, Europeanisation looks set to bring in changes, some welcome, others less so, but all creating more work and possible problems for manufacturers.

New EC standards, which would replace the current British Standards, are being worked on for many areas of the baby equipment market. The first is for soothers, which should become an EC Directive in about 18 months, if all goes to plan. While implementing standards in the product areas where there is none is a good idea, says Don Ford, responsible for new product and business development at Cannon Rubber, the danger with adopting a common bench mark can be that the result is a lower standard.

Silicone to return?

He cites the use of silicone in soothers, banned in the UK in 1986 because of safety problems. "Many other European countries are allowed to use silicone in their soothers and it could well re-appear in this country because they have used it without problem." Under the EC Directive, new designs for soothers will also be allowed which have not previously been tried on the UK market. In Britain, soothers must have a ring on them, so that if swallowed by the baby it is easier to pull out, but in the rest of Europe they're sold without rings. "I think it will be a nervous time for British manufacturers," says Mr Ford.

Other categories which should have directives in the next two years are bottles and teats. At Lewis Woolf Griptight, marketing executive Helen Wise, who works on the Kiddiwinks brand, believes the standards will cause problems mainly for inferior foreign imports, since British manufacturers make products to very high safety standards already.

One advantage of a common standard is that it reduces costs in making products for export, says Don Ford. "We export to some 60 different countries and sometimes have to design a different product for each market, which can be expensive."

Creative impact

Standards can cause problems for designers of products for babies and children because of the many restrictions placed on



Rupert celebrates his 75th birthday next month, presenting a good sales opportunity for Jackel's Tommee Tippee character range, says the company

them, but in most cases these can be overcome with a little initiative. "On soft toys, there's a requirement which limits the length of any protrusion, such as a trunk or tail, because of the risk of choking. It can result in some funny-looking elephants," says Ms Wise at Griptight.

Other safety requirements include using plastics and paints that are non-toxic, since babies have a habit of putting things in their mouths, while cooling teethingers must be filled with bacteria-free water in case they are bitten open. "One example where we were recently restricted," comments Ms Wise, "was the idea of combining a soother with a thermometer. We couldn't go ahead with it because the thermometer part would have to contain mercury, which is banned."

Steady growth

The equipment market is growing steadily, with bottles, teats and soothers showing especially good growth, up from \$15.4 million in 1992 to \$18.4m last year (Mintel). Feedware has grown from \$4.6m in '92 to \$5.5m in '94, while the rest of the market (small toys, rattles, bibs, etc) is estimated to be worth \$31m.

"Independent pharmacies are doing best with core products, such as bottles, teats and soothers," says Ms Wise, "while grocers have picked up on toys, rattles and other products." Pharmacies have lost considerable share in feeding and sterilising equipment in the past five years, down from 45 per cent to the current 15 per cent share, while grocery share has increased from 15 to 45 per cent.

"I think pharmacists need to be more prepared to give information to customers, new mothers in particular," says Ms Wise. "They also need to present good



For toddlers, the Tommee Tippee Kids on the Go range is now available in bright, abstract designs as well

value and different stock from the grocers. Flash-marked packs can help, too, as customers often assume that pharmacies will be more expensive than grocers. I would advise giving less space to areas such as nappies, where pharmacies just can't compete with grocers."

Another area likely to threaten pharmacy share is own-label, says Ms Wise. "Own-label cur-

Continued on P554 ►



Jackel has launched the Tommee Tippee Nursery Collection in new packaging, representing a move into other baby care sectors for the company



**Sudocrem is proud to accept
the Mother & Baby Gold Award
for Product Excellence***

*Toiletries and Skincare category

Sudocrem Antiseptic Healing Cream. Product information. Presentation: A white emulsified cream containing as active ingredients Zinc Oxide Ph Eur 15.25%, Lanolin (Hypo-allergenic) 4%, Benzyl benzoate BP 1.01%, Benzyl Alcohol BP 0.39%, Benzyl Cinnamate 0.15%. Uses: In the treatment of nappy rash, bedsores, minor burns, eczema, acne, chilblains, surface wounds and sunburn. Dosage and administration: To be applied in a thin layer over the affected area with suitable covering, where

necessary. Renew application as required. Contra-indications: None. Warnings: Keep out of the eyes. Legal Category: GSL. Retail price ex VAT: 60g £1.10, 125g £1.83, 250g £3.27, 400g £4.77. Further information: Nil. Product Licence Holder and Number: Tosara Products Ltd 3430/0001. Sudocrem and Tosara are registered trade marks. Revised April 1994. Pharmax Healthcare, Bourne Road, Bexley, Kent DA5 1NX.



Equipment news

● Cannon's latest addition is a disposable feeding bottle, suitable for use when breast- or bottle-feeding. The new bottle features the same wide Avent teat as on the regular bottles.

Milk is expressed or poured into a pre-sterilised bag, then placed in the clip-in base with teat attached and disposed of after use. Retailing at \$3.99, packs include a bottle holder, ten bottle bags and one teat. Additional accessories are available.

Trials carried out by the Dunn Nutrition Unit, Cambridge, and the Institute of Education, London University, have shown the Avent anti-vacuum bottle can reduce colic in newborns. The design allows air into the bottle to replace milk at the baby's own sucking rhythm, avoiding a vacuum build-up. The bottle is now available as a twin pack, retailing at \$4.99.

● To celebrate its first year in business, Griptight commissioned a survey of independent pharmacists' views of the baby care market since the arrival of Kiddiwinks. It discovered the best selling products were soothers, followed by teats and bottles. The Kiddiwinks animal bottle has proved especially popular, and will soon be joined by the rocket bottle. Rattles and toys were found to be poor sellers for the independents.

In the survey, 51 per cent rated extra discounts as their preferred promotion, while 66 per cent said the flash special prices were popular with customers.

● Laughton is building on its established distribution through pharmacy with the introduction of a baby equipment range earlier this year. Bebelles includes bottles, teats, soothers, feedware and toys. The range of 31 products features unconditional guarantees.

Marketing manager Fiona Roberts commented: "Because we already know the independent pharmacists so well, we are able to provide them with a service which cannot be matched." This includes clear product information, she says.

As an introductory offer, Laughton is offering special deals on its stocked and planogrammed display unit, with a price of \$99.99. As well as retailers, the promotion has been extended to include wholesalers too, but will only run for a limited period.

● Cow & Gate has taken its first step into the non-food sector with the launch of breast pads. Priced at \$2.99, they come in a box of 30, with an introductory price of \$2.69. Commenting on the launch, senior product manager Steve Purnell says: "The launch of Cow & Gate Breast Pads offers practical help to



The best-selling Kiddiwinks products in independents are bottles, teats and soothers

breastfeeding mothers, while further demonstrating the company's supportive stance towards breastfeeding."

Laughton & Sons is running a special introductory offer of a fully-stocked merchandising unit for \$99.99

◀ Continued from P552

rently accounts for 20 per cent of equipment sales, but this is quite underdeveloped. I'm sure the grocers will turn their attention to this area next."

Griptight is planning a new compact, but comprehensive, range for its Kiddiwinks brand, with plans to launch new products every three months.



Cannon's new Disposable Feeding Bottle is suitable for both bottle and breastfed babies and helps reduce colic

Nappies grow up

Nappies account for over half of sales in the baby care market, with pharmacy and drug store sales in 1993 worth almost \$150 million. Huggies, Britain's biggest brand in the sixth annual Marketing/Nielsen biggest brands survey, saw value grow by 988 per cent in its first year and now has a 15.8 per cent share in the UK.

Boots has followed the trend to high performance, super-absorbent nappies with the launch of a new premium product combining super absorbent granules, leakage barriers and elasticated legs and waist.

The Economist Intelligence Unit market survey sees a continuation in the trend towards thinner nappies, while it claims sales of trainer pants have not fulfilled share expectations. The outlook for the disposable nappies market, says the survey, is steady growth to 1998 in value terms, but with little volume growth. Its value is forecast to reach \$607m by 1998, a 32 per cent increase on 1993, with volume increasing by over 7 per cent over the same period to 3,215 million units.

● Kimberly-Clark has introduced Huggies Pull-Ups Dry Nites, the first product of its kind designed to deal with bed-wetting in older children, which affects some 400,000 children aged four to seven.

The plain white absorbent pants have a moisture-proof outer cover and feel like normal underwear. With a fast absorbency layer and leakguards, the unisex pants help provide all-

night protection against leaks. Retail price is \$4.99 and Kimberly-Clark recommends they are sited next to Huggies Pull-Ups training pants.

The launch is being supported by press advertising in women's and parenting magazines.

For parents on the move, the company has added a Huggies Travel Pack, containing four nappies and retailing at \$0.99. Huggies nappies have been improved with an advanced Stay Dry System to keep baby drier for even longer, while the leak shields have also been improved for better protection.

● Skippindale Paper Products has launched into the trainer pants market with Spot, said to be the first character unisex brand.

Featuring the children's char-

Continued on P556 ▶



Nappy Sacks from Poly-Lina have been relaunched with a 30 per cent recycled plastic content in new packaging

Bébelle - the new arrival from Laughton & Sons

Laughton & Sons is building upon its long-established distribution through the independent pharmacies by expanding into baby products, with its new comprehensive babycare accessories range, Bébelle

The babycare market, like skin-care or beauty, differs from other markets within pharmacy, because the consumer ultimately places an emotional importance on all aspects of purchasing a product. Am I reassured that the product has met all safety standards, and is robust enough for a small child? Is it hygienic and well packaged within the store? Does the product look appealing? These are questions every consumer asks themselves before buying a product for baby.

Why pharmacy?

The advantage that the independent pharmacist has in this market, is that the consumer already trusts him with the health of the family, and so is in an ideal position to capitalise on this growing market.

This opportunity is well understood by Laughton & Sons because of its long track record within pharmacy. That is why it has launched Bébelle to the pharmacy sector. With its comprehensive portfolio of babycare products, ranging from feeding to toys, the Bébelle brand offers value for money, linked to high quality; a total offer to win back consumers from the supermarkets.

With strong merchandising on its dedicated 3/4 metre stand, Bébelle offers pharmacy and the consumer the opportunity to one-stop-shop for all babycare essentials.

Since its launch in early 1995, Bébelle's success at understanding the pharmacy consumer, supported by Laughton and Sons' experience, has borne positive reactions, with stand



Bébelle



placement targets already achieved. To celebrate its first birthday, the brand is preparing for new product launches during 1996, and a re-planogram of the stand to boost the purchase of key lines and to incorporate these new products.

What's in the range?

Bébelle features a comprehensive range of 30 essential baby-care products and accessories, all merchandised on its own display stand for easy identification and access within store. Attractively packaged in soft pastel shades with colourful, playtime motifs, the range also makes an ideal gift purchase to supplement those 'must have' sales.

Tested to British and European safety standards, the Bébelle range includes the highest quality bottles, teats, soothers, feed and drinkware, teething, grooming, rattles and toys, all with Laughton & Sons' unconditional guarantee. So

from the needs of the new-born baby, right through to weaning with toddler cups and feed sets, Bébelle offers the consumer, via pharmacy, all the essential accessories in a

child's first two years of life.

A special offer on display and is available for a limited period only. For more information contact Laughton & Sons Customer Care 0121 436 6633.

What you always wanted to know about babycare

Mums who have decided to bottle feed will need two or three 125ml (4oz) bottles and about six 250ml (8oz) bottles. They will use the small bottles for the early weeks and also for small 'top up' feeds as baby grows.

Soothers are available in three sizes. Newborn size - 0-4 months (or premature babies); Baby size - 4-9 months; Toddler size - 9 months plus.

Babies begin to teethe at around six months, resulting in swollen sensitive gums. A suitable surface to chew on relieves the pain of teething. The Bébelle Cooling Gum Soother, filled with sterilised water, should be cooled in a fridge (not a freezer) before giving to baby to provide instant pain relief.

Most parents start their babies on solid food at around six months. By toddler stage, the time has come to learn to control cutlery and the art of feeding. Bébelle's Suction Feed Set is perfect - the wide suction skirt in the bowl anchors very firmly to any smooth surface for less mess and easier feeding.

◀ Continued from P554

acter dog, Spot, who was created in 1980 and is now merchandised worldwide, the Spot Trainers range comprises two variants, medium and large, rrp \$3.49 in packs of 16 and 14 respectively. The brand sports neutral green background packaging and offers PORs of 30 per cent on orders of five pallets (30 cases,



Spot trainer pants are new from Skippingdale Paper Products, said to be the first unisex character brand

six packs per case) across the two sizes.

Skippingdale claims Spot Trainers outperform the brand leader in absorbency.

● Peaudouce has improved its Up & Go trainer pants. Changes include a new absorbent core and leg cuffs for greater absorbency, comfort and fit.

● Nappy Sacks, produced by Poly-Lina, have been repackaged into cling-film roll-style boxes that offer a 30 per cent shelf space saving.

The pack redesign also aims to appeal to consumers via re-designed livery and brand logo and the addition of lock-in safety tabs. The relaunched nappy sacks now contain 30 per cent recycled plastic content.

The relaunch will be supported during October and November by a special promotion for pharmacy. For every case of Nappy Sacks purchased, an introductory offer of a free pack will be included.

● Maker of reusable nappy Mikey Diaper Ultra Slim, Chau-son reports a trebling in sales over the past six months. In Australia, where the product originates, the market share of disposable nappies has dropped to 50 per cent due to the popularity of reusables.

The company expects to see a return to reusables in this country as well.

For poorly tots



Karvol is being supported by a £1.2 million campaign during the winter, including press advertising in parenting magazines

Warner Wellcome recognises the important role pharmacists play in advising parents of small children and aims to build stronger partnerships with them. Mike Hayday, group product manager for children's medicine, says the company is "committed to providing a support programme that will enable pharmacists and their assistants to provide customers with the best possible advice". Plans include pharmacy training evenings, educational literature and six-weekly visits by its sales representatives.

Its Calpol brand claims 72 per cent of the junior analgesic market. In May this year, the company's Calgel teething product moved from P to GSL status.

The junior analgesics market value is estimated at \$22.4 million, says Crookes Healthcare, maker of the infant ibuprofen brand Junifen. It, too, recognises the role pharmacists play – backed up by a recent Gallup survey which revealed that 72 per cent of mothers consult their pharmacist before going to their GP.

Particularly recommended for reducing fever in infants and children aged one to 12 years, Junifen is an orange-flavoured, sugar-free suspension. Self-help tips for reducing fever include:

- sponge with tepid water or use a fan to lower temperature
- give plenty of fluids to prevent dehydration
- if fever is prolonged, use oral rehydration therapy to replace lost minerals and water.

LRC has relaunched its Woodwards teething gel in more eye-catching packaging. The new-look packs give clearer information and instructions on relieving teething pains.



A range of POS material is available to support Dentinox Teething Gel, which now has GSL status



Calpol currently claims 72 per cent of the junior analgesic market

Revolutionary Cantassium Microvitamins including Folic Acid in easy-to-use Klik Packs – your quick route to healthy profits in this fast expanding market. Easy to take, easy to display and easy to sell.

- Cantassium Micro Folic Acid 400mcg protects the unborn child if taken before conception.
- Cantassium Micro Garlic for healthy heart maintenance.
- Cantassium Smoke Screen. Antioxidant Vitamins A, C and E to help protect from the effects of pollution.
- Cantassium Micro Multi. Multivitamins – a must for general health maintenance.

Healthy Profits Klik with Cantassium

The Vitamin Experts

Special offers and display material available on request.



Available from wholesalers or direct from Larkhall Natural Health, 225 Putney Bridge Road, London SW15 2PY. Tel: 0181-874 1130. Fax: 0181-871 0066.

Opportunity to clean up



Junifen is an orange-flavoured, sugar-free ibuprofen suspension for one- to 12-year-olds

Seton Healthcare has relaunched its Cupanol brand as Medmol in an initiative which aims to create synergy with sister brand, Medised.

Eye-catching shelf organisers are now available from Dendron to support the new GSL status of Dentinox Teething Gel. These will also be accompanied by professional and consumer press.

Karvol, Crookes Healthcare's nasal decongestant for children, will be supported by a \$1.2m campaign over the 1995-96 cold season. This includes parenting and professional press.

Pharmacists should heed the importance of display, says the company. Research shows 50 per cent of pharmacists stock the brand in inaccessible sites, while only 49 per cent merchandise 10s and 20s together.

Rinstead Teething Gel from Schering Plough is now available in a single item pack, containing just the gel. A 10g pack retails at \$1.67.

● Johnson & Johnson's new Baby Skincare Cloth Travel Wipes are ideal for parents and children on the move, the company says. Resealable packs contain 12 wipes (69p) each impregnated with cleanser.

Also new are Top & Tail wipes, designed to keep babies clean in between baths or after feeding. They come in tubs of 80 at \$2.99, with refills at \$2.65.

Johnson & Johnson has also



J&J has introduced Skincare Cloth Travel Wipes for babies on the move and Top & Tail wipes for use in between baths

introduced 'No More Tears' Baby Bath and Moisturising Bath in new packs, joining the popular shampoo.

● Goldshield Healthcare is continuing its press and poster campaign for Infaderm bubble bath, which explains that it is both kind to infant skin conditions, such as eczema, and suitable for all the family. The Infaderm range also includes Baby Hair Wash, Baby Lotion and Baby Cream.

● Macleans Milk Teeth claims a 40 per cent share of the baby toothpaste sector, worth \$9 mil-



Carex anti-bacterial handwash claims to kill eight times more germs than ordinary soap, so is ideal for use with babies

lion. The company reports that its Macleans Milk Teeth toothbrush, introduced last year, is also showing good growth.

● Colgate has relaunched its children's toothpaste and toothbrush range. My First Colgate is a new brush designed for babies and small children, with an extra-wide, easy to grip handle and small head. It is designed to be used with the new My First Colgate toothpaste. The mild, minty gel is formulated with a low level of fluoride and comes in a 50ml stand-up tube. The new Superstar brush is brightly-coloured for older children.

● The baby wipes sector is worth \$63.4m, with growth of 9 per cent last year and an estimated 52 per cent sold through pharmacies. Scott is increasing its presence in this market with the introduction of a refill pack for its Baby Fresh with Ultra Guard wipes. Containing 78 wipes, it retails at \$2.85.

● Scott is running a \$1.1m sampling campaign with Bounty, reaching 750,000 expectant mothers, and is also sponsoring



Robinson has introduced a giant-sized version of its nursery pads, retailing at £1.59 for 40

the Bounty breastfeeding video. The company is spending \$1.5m on in-store promotions.

● The Baby Savlon range now includes four products – Savlon cream, bath, lotion and spray – formulated to be gentle on sensitive and delicate skins. The spray is an anti-bacterial surface cleanser which, as well as protecting against salmonella and listeria, also helps fight germs which cause illnesses such as thrush and gastro-enteritis.

● Carex anti-bacterial handwash from Cussons claims to kill up to eight times more germs than ordinary soap, so it's ideal for use with babies and small children.

It contains moisturisers so it won't dry skin out either. The brand is being supported by press advertising until the end of this year and price promotions running through October and November.



The Savlon Baby range now comprises a cream, bath, lotion and anti-bacterial spray, all designed for delicate skins



Scott has introduced a refill pack for its Babyfresh with Ultra Guard wipes range



Goldshield Healthcare is running a press campaign to tell consumers that its Infaderm bubble bath is suitable for use on eczema as well as dry skin

Lloyds' profits slump 27pc

The Lloyds Chemists' chairman, Allen Lloyd, is belying rumours that the company is up for sale by reaffirming his commitment to expanding its chain of pharmacies by acquisition.

Mr Lloyd, speaking at the announcement of the group's annual results, refused to comment on the sell-off rumours, but maintained he will not stop at 920 pharmacies. "We acquired 36 pharmacies in the last year and with 13,000 in the UK, there is still plenty of scope for expansion," he says.

Lloyds presented results that were slightly worse than the City had expected. Although turnover rose 15.1 per cent to exceed \$1 billion for the first time, pre-tax profits slumped 27 per cent to \$42.2 million, held back by costs incurred restructuring the beleaguered drugstore operation and higher interest payments.

The drugstore division saw sales decline \$6.6m to \$83.3m resulting in a loss of \$3.7m. In March, the company announced a plan to close over a third of the Supersave outlets and convert some stores to the Holland &

Barrett format and reposition the remaining 175 into a health and beauty format. The cost of restructuring the operation is \$13.4m and has been accounted for in the year to June.

Mr Lloyd said 20 stores have already been converted, with the remaining 155 conversions planned for the next 12-18 months. Only two of the outlets have been earmarked to be converted to pharmacies.

He maintained that the National Lottery caused a "noticeable customer decline in some of the less affluent parts of the country", and that Sunday trading caused more customers to favour out of town stores rather than the High Street retailers "for whom Sunday opening is not a viable proposition".

Although community retailers have been far less affected by these factors, Mr Lloyd stressed that "competition among retailers remains fierce" and maintained that the chemist division and particularly the healthfood chain performed well.

Most of the chemist division's turnover came from NHS prescriptions and over the counter turnover was static. Sales increased by 8.2 per cent to \$483.7m, with a like for like growth of 3.4 per cent. Profits increased slightly, up from \$43.1m to \$45.1m.

Medicine sales have increased, while sales of household goods have

fallen off. Mr Lloyd predicts that UK pharmacies will soon be run along Continental lines, with a strong emphasis on healthcare rather than sundries.

John Richards, retail analyst with Natwest markets, says Mr Lloyd's arguments about out of town competition were not strong ones for static over the counter sales.

"I can understand the small independent pharmacies using this excuse for poor sales, but I would have thought a group with the buying power of Lloyds would have more ammunition."

He says the rumours that Lloyds is up for sale are likely to persist, due to the current prices being paid for pharmacies.

"The street value of pharmacies is around \$500,000 per outlet, which values Lloyds' 920 pharmacies above what the market values the entire group," he says.

Sales in the company's other divisions – pharmaceuticals and veterinary – grew year on year. Sales in the veterinary division increased 32.2 per cent to \$86m, with operating profits up from \$3.5m to \$3.9m.

Turnover growth in the pharmaceuticals division was driven by the acquisition of Daniels Pharmaceuticals in June last year, which fuelled a 28.2 per cent increase in turnover to \$315.4m. Before inter-group sales of \$469m, the group had sales of \$820m.

Mr Lloyd stressed that integration of Daniels was proceeding on course. Depot rationalisation, sales force expansion and standardisation of terms and systems installation have all been achieved.

Mr Lloyd says the current year has started satisfactorily despite "a continuing lack of consumer confidence and very competitive retail environment".

Government moves to ban Iberian imports

The Government will continue to battle against allowing Spanish and Portuguese parallel imports to enter the country, after plans to lift the ban were blocked successfully in the European Commission last week.

The Government has lodged an application to safeguard the domestic pharmaceutical industry against the influx of these medicines, which are now due to come into the country from December.

"We are waiting to hear what actions the Commission proposes to take regarding these imports," says a Department of Health spokesman.

The European Commission is considering further protection for member states which have specifically asked for safeguards, although these countries would have to prove that the imports would cause "grave" damage to their domestic pharmaceutical industries.

If the ban is lifted in December, the cost to British drugs companies may rise as high as \$100 million in lost sales, according to some pundits.

However, the Association of British Pharmaceutical Industry is reluctant to state a figure, but says the affect on research and development will be serious.

"We have a strong research-based pharmaceutical industry, which will be seriously affected if profits are eroded by cheap imports," says an ABPI spokesman. "The National Health Service will not benefit as all the profits will be made by traders in these imports."

Full-line wholesalers would not be happy if the ban was lifted, says Michael Watts, director of the British Association of Pharmaceutical Wholesalers. "If wholesalers are forced into this business, it would sour our relationships with manufacturers," he says.



Allen Lloyd: "With 13,000 pharmacies in the UK, there is still plenty of room for expansion"

Fisons surrenders to £1.83bn offer

Bid target Fisons has at last raised the white flag and told its shareholders to accept Franco-American company Rhone-Poulenc Rorer's final offer of 265p, which valued the company at \$1.83 billion.

Fisons capitulated on Wednesday morning after talks with a potential white knight had fallen through.

In a short statement made through its advisers, the company said: "The board had regard

for the wider interests of the business as a whole and its employees. In particular, it has obtained assurances from RPR that the employment rights of all staff will be fully safeguarded."

RPR's chairman, Robert Cawthorn, was jubilant. "We are delighted that the board of Fisons has recommended acceptance of our final offer. We believe that the combination of RPR's respiratory business with Fisons will create a powerful

force in the vitally important therapeutic field of asthma/allergy."

It is thought that the company will not indulge in large-scale redundancies of Fisons' staff. The two companies complement each other geographically, with major overlaps only in the US.

The UK should benefit as RPR is expected to beef up Fisons' respiratory development team, which is currently based in Loughborough.

Healthy accountancy

An association of independent accountancy firms is targeting pharmacies as future clients through the establishment of a specialist healthcare division.

The UK 200 Group will operate a healthcare division on a regional basis, covering Scotland and the north of England, the East and West Midlands, East Anglia and south east England, South Wales and the south west of England.

The UK 200 Group is the largest mutual association of chartered accountants in the country.

Rebel Scholl shareholders propose a deal

Rebel shareholders in Scholl have offered to withdraw calls for an extraordinary general meeting, if the foot care group agrees to put itself up for sale. Leader of the dissenting group, UK Active Continuation Fund, which has a 15 per cent stake in the company, together with clients of J O Hambro, requisitioned an EGM for October 24 when shareholders would vote on whether to replace three non-executive directors.

UKAV says it has had four unsolicited approaches from potential bidders for the group since announcing its intentions last month.

Scholl chairman Gordon Stevens says a forced sale is not the way to achieve full value and maintains that a "protracted public sale risks significant damage to Scholl's business".

Mr Stevens has attacked UKAV's move as "misconceived, damaging and disruptive" and has urged shareholders to vote against it. He describes UKAV's proposed appointees to replace the three non-executive directors as "short-term investors" who have little interest in Scholl and do not merit places on the board. He stresses that the company's three non-executive directors "have a wealth of experience

at senior level, they understand Scholl and international brand management".

Mr Stevens told shareholders that the group's fortunes have taken a turn for the better. Turnover and pre-tax profits have risen substantially in the first eight months of this year, driven by strong summer sales and the company is on track with its 1994 business review.

Chief executive Colin Brown, who joined Scholl from Reckitt & Colman, believes he can expand the company by "concentrating on volume growth, increasing margins and reductions in fixed costs".

AAH may review discount

AAH will review its move to knock discount off cold storage medicines if the Department of Health fails to zero discount the items, or if none of the other large wholesalers adopts the same practice.

Managing director David Taylor says: "If no other wholesaler moves on this issue, then we will have to review the situation in a couple of weeks and decide whether we can go it alone."

"Hypothetically speaking, if the Government was going to ZD the products at a certain date, then we might well move our plans to coincide with that date," he comments.

He says he hopes the British

Association of Pharmaceutical Wholesalers' research into the costs of storing and transporting these items – four times as much as the average – would spur the DoH on to make a decision.

The Pharmaceutical Services Negotiating Committee's secretary, Steve Axon, says he is still waiting to hear back from the Department. "I hope we have an update before the first of November when AAH is due to take discount off. With one major wholesaler going ahead, I imagine the DoH is looking at the situation very seriously."

The DoH is keeping an eye on the matter, but a spokesman for the Department stresses: "If one



David Taylor: waiting game

wholesaler is acting unilaterally, pharmacists still have an option to go elsewhere."

Celltech strikes \$10m research deal

Zeneca is the latest pharmaceutical giant to team up with biotechnology group Celltech in a cancer drug research programme. It will give the group up to \$10 million in milestone payments.

Celltech will also receive royalties on worldwide sales of any products arising from the collaboration. Zeneca will have the worldwide marketing rights.

The research will concentrate on the development of a specific enzyme inhibitor used in controlling tumour growth.

EC ruling boosts Scotia

Scotia shares jumped 25p (to 647p) this week following the European Court of Justice's decision to back commercial protection for two of the biotechnology company's most successful products – Epogram (for the treatment of eczema) and Efamast (for the treatment of breast pain).

The UK Government wanted to license generic copies of the drugs and the Department of Health will now be forced to consider revoking its decision to license generic copies to Norgine.

Commenting on the European court's decision, Scotia chief executive, Dr David Horrobin, says: "This is excellent news for small innovative companies. The judgment upholds a European Directive, which, among other things, was specifically designed to foster the development of products which, for one reason or another, could not be patented."

● Scotia has also reported encouraging results in clinical trials of a drug to treat brain cancer, codenamed EF13.

SB appointment

Jean Pierre Garnier has been appointed chief operating officer of Smithkline Beecham, a move that has been described as a "key step" in SB's healthcare integration – the post covers both pharmaceuticals and consumer healthcare.

CP doubles up

Profits doubled for CP Pharmaceuticals in the year to June 30, 1995, to reach £1.6 million on a turnover of £15.5m. CP was acquired from Fisons in August, 1993.

COMING EVENTS

TUESDAY, OCTOBER 17

East Metropolitan and West Ham & District Branch RPSGB

'Asthma management present and future' by Dr Lieske Kuitert, Wanstead Library, Spratt Hall Road, London E11, 7.30pm for 8pm, buffet.

Leicestershire Branch RPSGB

'Update on diabetes, including technological advances' by Jeff Howe (Lilly), Postgraduate Medical Centre, Leicester Royal Infirmary, 7.30pm.

Oxfordshire Branch RPSGB

'Leg ulcer therapy – the latest developments' by Mark Ireland et al from the dermatology department, Churchill Hospital, in the Postgraduate Medical Centre, John Radcliffe Hospital, 8pm.

WEDNESDAY, OCTOBER 18

Wirral Branch RPSGB

'Cognitive function (Alzheimer's)' by Dr Paul Cooper, 7.30pm, buffet.

Slough & District Branch RPSGB

'Wound dressings' by Jeanette Muldoon, 3M Health Care, Postgraduate Medical Centre, Wrexham Park Hospital, Slough, 7.15pm, buffet.

THURSDAY, OCTOBER 19

Bedfordshire Branch RPSGB

'Wound care' by D J Livingstone, followed by practical presentation of surgical dressings by Johnson & Johnson, Cedar Room Conference Centre, Silsoe College, Silsoe, 7.30pm for 8pm, buffet.

Harrow & Hillingdon Branch RPSGB

'Advances in HRT', speaker to be announced, Clinical Lecture Theatre, Northwick Park Hospital, 7.30pm for 8pm.

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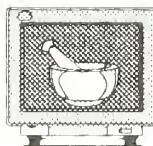
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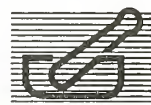
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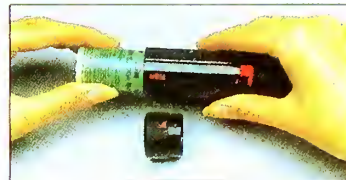
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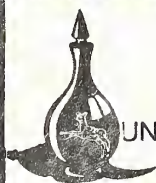
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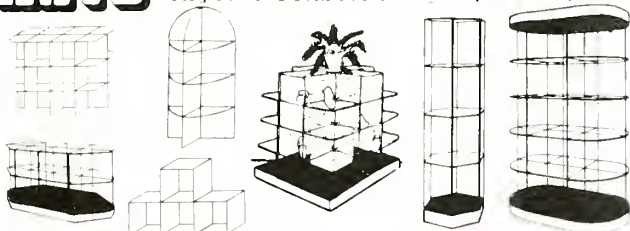


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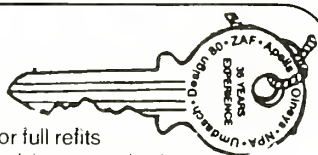
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ABOUT people

Retirement starts with golf



L-r: Iain Cater, Seton; Robert McLaren; and Kelvin Hide, Unichem

Scottish pharmacist Robert McLaren launched into his retirement by winning the coveted Pharmacist Golfer of the Year Trophy.

Mr McLaren, who owns pharmacies in Dunbar and Gullane in East Lothian and who retired in August after 30 years' service, fended off 30 other finalists to win the Unichem- and Seton Healthcare-sponsored trophy.

The finals were held on home ground for Mr McLaren at the Dalnahoo Golf and Country Club in Scotland, where he narrowly beat Chandrakant Patel.

Mr McLaren is looking forward to years of playing golf. "I now live on the coast in East Lothian, where the best golf clubs are. Golf is both my hobby and my passion, one I've enjoyed for 30 years," he says.

A record number of pharmacists entered the contest this year. Those wishing to take part in 1996, and who are not on the Unichem database, should contact the company's commercial director, Kelvin Hide, on 0181 391 2323.



Oshwals celebrate with a ball

Pictured (left to right, front row) are: Dilip Maroo, secretary of The Oshwal Pharmacists; Ritesh Shah, member of the charity committee; TOP chairman Mukesh Shah; Linda Stone, past president of the RPSGB; professional committee co-ordinators Vasanti Shah and Arvinda Malde; and Harish Haria, co-ordinator of the charity committee

The Oshwal Pharmacists (TOP) held their 15th annual ball at Heathrow last week. Chief guest was Linda Stone, past president of the Royal Pharmaceutical Society.

The ball, at the Radisson Edwardian Hotel, was attended by over 200 people, including

members of TOP, their spouses and friends. Mrs Stone gave a speech on 'Pharmacy in a new age' and planning for the future.

A raffle on the night raised \$500 for the Commonwealth Pharmaceutical Association and £200 for the Benevolent Fund of the RPSGB.

Nice try!

Pharmaceutical wholesalers are always quick to follow up potential new customers. However, some are more welcome than others, as Stephen Mills, sales and marketing manager of Castle Pharmaceuticals, knows.

Last week, the Portsmouth wholesaler received a call from a Ms Pullen of Bedhampton in Hampshire, who wanted to open a new account. A price list was duly delivered by one of Castle's delivery men.

Several days later, she telephoned with an 'order', saying her new premises would be opening in two weeks, and could the order be delivered to her home address.

The 'order' consisted of a quantity of diazepam, temazepam and phenobarbitones.

Alarm bells started to ring. General manager Bride Collins contacted the Society, who had no record of Ms G M Pullen. Nor did local contractors know of a new pharmacy opening.

However, the local drug squad were most interested in following the matter up...



You just can't keep a secret anymore. This Unichem delivery van was spotted heading south from Tangier recently. Hardly a regular delivery round. En route to pick up some newly-sourced merchandise, perhaps? Actually, it was more mundane than that: merely the set and audio-visual equipment for the Unichem Convention in Marrakech. Stage managing company Studio B was unable to source what it needed locally, so twisted Unichem's arm to provide transport from the UK. But since the company flogged the set to the hotel, what did it fill the van up with on the way home ...?

Croydon man comes highly commended

Croydon pharmacist Alan Kurtz has been specially commended in this year's Croydon Health Awards for Excellence in the NIIS.

Mr Kurtz, who has run Fisher's Chemist in South Norwood for more than 30 years, was the first community pharmacist to reach the finals. He was nominated by four grateful customers via coupons in the *Croydon Advertiser* and leaflets distributed via people's homes. The nominations referred to his "cheerful and helpful manner" and his "kindness and sympathy".

The competition was judged by members of Croydon Health, Croydon Family Health Services Authority and the feature writer on the *Croydon Advertiser*. A special award ceremony was held to honour the eight finalists. The overall winner was GP Dr Martin Johnson.

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